

- Labs shall test for potency, homogeneity, and contamination in accordance with the rules set by the Commission
7. Regarding Processors and the Acceptable Forms of Medical Marijuana
- Processors shall be responsible for packaging marijuana from the cultivator and making it into a form suitable for the dispensary
 - A processor when packaging medical marijuana for the dispensary shall comply with federal child-resistant effectiveness standards
 - Allowable forms to be dispensed to the patient are oils, tinctures, plant material, edibles, and patches
 - Plant material shall have a THC content of between 3% and 35% (Note: the physician will recommend the amount of allowable THC in the recommendation for each patient)
 - Extracts shall have a THC content of no more than 70% (Note: the physician will recommend the amount of allowable THC in the recommendation for each patient)
 - All medical marijuana shall be in tamper-resistant packaging and be clearly labeled
 - All medical marijuana shall include the THC and CBD content of the medical marijuana
 - No medical marijuana shall be in a form that is considered to be attractive to children
8. Regarding Dispensaries
- The Commission shall establish rules governing dispensaries using best practices (in consultation and cooperation with the Pharmacy Board)
 - Dispensaries shall dispense medical marijuana to patients in accordance with the recommendation from the physician
 - The Commission shall set a quota for dispensaries based on population and in order to ensure adequate geographic access to qualifying patients
 - The Commission shall establish what training shall be required for employees of the dispensary
 - Dispensaries shall report to OARRS medical marijuana dispensed in a manner similar to how prescription drugs are reported to OARRS currently
 - A dispensary may query OARRS regarding a patient seeking to obtain medical marijuana. If requested, OARRS shall issue a report to the dispensary
9. Allowable Conditions

- Allowable conditions include: Cancer, Tourette's syndrome, epilepsy or another seizure disorder, Parkinson's disease, traumatic brain injury, glaucoma, Crohn's disease, ulcerative colitis, inflammatory bowel disease, Sickle-cell anemia, spinal cord disease, spinal cord injury, chronic traumatic encephalopathy, amyotrophic lateral sclerosis, multiple sclerosis, PTSD, HIV, AIDS, hepatitis C, and pain that is chronic, severe, or intractable
- Rules may allow for other conditions to be included. Any rule to add an allowable condition must be done in consultation and cooperation with the medical board

10. General Provisions

- Smoking medical marijuana shall be prohibited
- Vaporization or other similar inhalant devices shall be permitted
- Home cultivation shall be prohibited
- There shall be an uncoded section that states that the General Assembly and the Administration shall advocate Congress and the DEA to reschedule Marijuana from a Schedule I to a Schedule II in order to increase access to legitimate medical research on medicinal marijuana
- There shall be an uncoded section that states that the General Assembly shall create an incentive program for institutions of higher education and medical institutions within the state to perform academic and medical research on medical marijuana
- A financial institution that provides banking services to any entity licensed by the Commission shall be exempt from any criminal law as it relates to the provisions of this bill
- Minors participating in medical marijuana must have consent from a parent or guardian
- Townships and municipal corporations shall retain the ability through their legislative governing body to prohibit, zone, or limit the number of dispensaries within their jurisdiction
- Medical marijuana establishments (dispensaries, processors, independent testing facilities, and cultivators) shall be prohibited from being situated within 1,000 feet of a school, church, public library, public playground, or public park
- The Medical Board shall establish rules regarding continuing medical education requirements for a physician who recommends medical marijuana to patients

- The Medical Board shall adopt rules regarding the minimum standard of care for physicians when recommending medical marijuana to a patient
- Radio and television advertisement of medical marijuana shall be prohibited
- A patient shall not be arrested or prosecuted for obtaining, possessing, or consuming medical marijuana in accordance with this law
- A caregiver shall not be arrested or prosecuted for possessing medical marijuana, obtaining medical marijuana on behalf of a patient they are caring for, or assisting a patient to take medical marijuana
- CPAs, attorneys, and medical professionals shall not be subject to administrative disciplinary action based solely on providing professional services regarding medical marijuana
- Nothing in this law shall be construed to violate any provision of HIPAA
- Unless there is clear and convincing evidence that a child is unsafe, the use, possession, or administration of medical marijuana in accordance with this law shall not be the sole basis for an adverse decision taken against someone in a parenting time order or allocation of parental rights and responsibilities
- Nothing in this law permits the operation of a motor vehicle while under the influence of medical marijuana
- Patients and caregivers may not possess an amount of medical marijuana exceeding a 90 day supply in accordance with the physician recommendation

11. Regarding Employers

- Clarifies that employers are not required to accommodate an employee's use of medical marijuana
- Allows an employer to refuse to hire, discharge, or take adverse employment action against a person because of that person's use of medical marijuana
- Disqualifies from eligibility for unemployment compensation benefits an individual who is discharged from employment because of that person's use of medical marijuana
- Clarifies that this bill does not affect the authority of the BWC to grant rebates or discounts on premium rates that participate in a drug free workplace program

12. Funding and Taxes

- Grants permission to the commission to set the licensing fees for the entities they license
- States that the General Assembly may assess a point of sale tax on the medical marijuana dispensed to patients at the dispensaries

H.B. 523 (HUFFMAN)
Marijuana-authorize use for medical purposes-controls

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"> • Tara and Waylon Cordle • Andrea Gunnoe • Robert Ryan (<i>Ohio Patient Network</i>) • Andy Joseph (<i>Apeks Supercritical</i>) • Janet Breneman (<i>Ohio Cannabis Nurses Association</i>) • Garrett Greenlee (<i>International Cannabinoid Institute Research Foundation</i>) • Thomas Jackson • Mark Jones • Mary Jane Borden (<i>Ohio Rights Group</i>) • Michael Brice Keller (<i>GreenFight/Keller Law Office</i>) • Theresa Daniello • Tim Johnson (<i>Ohio Cannabis Safety First LLC</i>) • Gary Moore (<i>Pelican Technology</i>) • Amanda Candow (<i>Ohio Rights Group</i>) • Nichole Scholten (<i>Ohio Families CANN & UnitedOhio</i>) • Dr. Sue Sisley (<i>Scottsdale Research Institute</i>) 	<ul style="list-style-type: none"> • Cheri Walter (<i>Ohio Association of County Behavioral Health Authorities</i>) • Derek Siegle (<i>Ohio HIDTA</i>) 	<ul style="list-style-type: none"> • Dr. Brian Santin (<i>OSMA</i>) • Marcie Seidel (<i>Drug Free Action Alliance</i>) • Brad White (<i>United Ohio</i>) • Lori Criss (<i>Ohio Council of Behavioral Health and Family Services</i>) • Nick Lashutka (<i>Ohio Children's Hospital Association</i>) • Ted Bibart (<i>Benesch, Friedlander, Coplan & Aronoff LLP</i>) • Bob Bridges (<i>Ohio Libertarian Party</i>) • Jenn Klein (<i>Ohio Chemistry Technology Council</i>) • Don Boyd (<i>Ohio Chamber of Commerce</i>) • Kathleen Zinno • Michelle Price • David Martin • Maria Bruno (<i>ACLU</i>) • Tony Seegers (<i>Ohio Farm Bureau Federation</i>) • Robert Cornwell (<i>Buckeye State Sheriffs' Association</i>) • Louis Tobin (<i>Ohio Judicial Conference</i>)

		<ul style="list-style-type: none">• Sharon Taulbee
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From: Parsons, Jason
Sent: Friday, May 13, 2016 10:57 AM
To: Parsons, Jason
Subject: REMINDER: Open Enrollment 2016! Important Changes to Health Care
Attachments: 2016-2017 Pathways Open Enrollment.pdf; Open Enrollment 2016.ppsx

Importance: High

REMINDER: Open Enrollment ends today. Please contact me if you need assistance.

Jason Parsons

Payroll & Benefits Officer

Ohio House of Representatives

(614) 466-2114

From: Parsons, Jason
Sent: Friday, April 29, 2016 8:05 AM
To: Parsons, Jason
Subject: Open Enrollment 2016! Important Changes to Health Care
Importance: High

Please read the information listed below, along with the attached power point, as they outline significant changes for the upcoming benefit year!

Open Enrollment 2016 will take place May 2 through May 13, 2016. All changes made during open enrollment will take effect July 1, 2016 and remain effective through June 30, 2017.

Medical Coverage

- **Third Party Administrators**

- There will be three third-party administrators (TPA) of the Ohio Med PPO- Aetna, Anthem and Medical Mutual.
 - United Healthcare will no longer administer the Ohio Med PPO plan.
- Employees will be assigned an administrator based upon their home zip code.
 - The new zip code chart can be found on page 7 of the attached Pathways to Open Enrollment.
- Employees will automatically be assigned to the new TPA. No action is necessary; new ID cards will be received prior to July 1, 2016.

- **HB 1 Dependents**

- Dependents over the age of 26 are no longer eligible for State of Ohio medical benefits.

- **Rates**

- The rates are increasing after two years of little to no increase.
 - Specific rates can be found on page 9 of the attached Pathways to Open Enrollment.

Prescription Coverage

- OptumRx (formerly Catamaran Rx) will provide prescription drug coverage.
 - All employees will receive new ID cards prior to July 1, 2016.
 - No action is necessary.

Below is the link to the DAS website for open enrollment:

<http://www.das.ohio.gov/OpenEnrollment>

**IF YOU DO NOT HAVE A CHANGE IN STATUS OR DEPENDENTS, YOU
DO NOT NEED TO DO ANYTHING DURING OPEN ENROLLMENT.**

If you prefer to review a hard copy of the Pathways to Open Enrollment, there are copies available in the 12th floor administrative office. Feel free to contact me regarding any questions or concerns with the 2016 Open Enrollment.

Jason Parsons

Payroll & Benefits Officer

Ohio House of Representatives

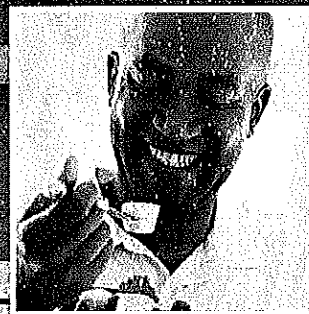
(614) 466-2114



Pathways to Benefits



**2016
OPEN ENROLLMENT
MAY 2-13**





The Joint Health Care Committee

The labor-management partnership overseeing the State of Ohio employee health care fund

CO-CHAIRS:

KELLY PHILLIPS

Co-Chair, Labor;
Ohio Civil Service Employees Association
(OCSEA)

KATE NICHOLSON

Co-Chair, Management;
Ohio Department of Administrative Services

MANAGEMENT REPRESENTATIVES:

TONY BONOFILIO

Ohio Department of Administrative Services

TONI BROKAW-FARMER

Ohio Bureau of Workers' Compensation

KATHLEEN MADDEN

Ohio Attorney General

CULLEN JACKSON

Ohio Department of Administrative Services

JOAN OLIVIERI

Ohio Office of Budget and Management

JAN ROEDERER

Opportunities for Ohioans with Disabilities

AMY SHERRETS

Ohio Department of Developmental Disabilities

ANGELA SHULL

Ohio Department of Rehabilitation
and Correction

LABOR REPRESENTATIVES:

OCSEA REPRESENTATIVES

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State Board of Directors;
Ohio Department of Job and Family Services

JAMES LAROCCA

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Ohio Lottery Commission

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SCOPE/OEA REPRESENTATIVE

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Ohio Department of Rehabilitation
and Correction

SEIU 1199 REPRESENTATIVE

BARBARA MONTGOMERY

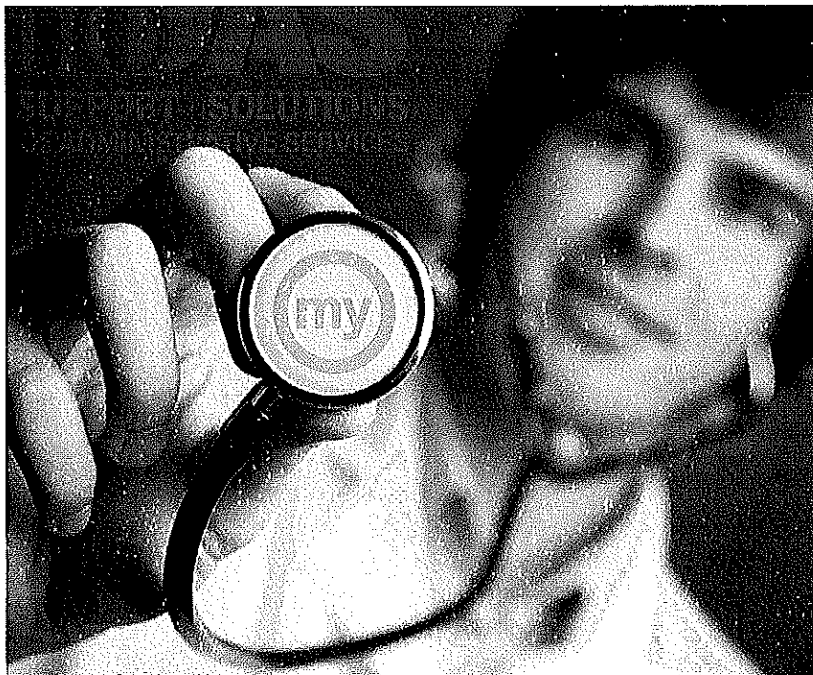
Ohio Department of Medicaid

OHIO STATE TROOPERS ASSOCIATION

REPRESENTATIVE

ELAINE SILVEIRA

Ohio State Troopers Association



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2016 Benefits Overview

Welcome to the 2016 Open Enrollment edition of *Pathways to myBenefits* magazine. The purpose of this edition is to inform you and your family about the State of Ohio's employee health care benefits available this coming benefit year, which begins July 1, 2016.

Eligible employees can elect to enroll or disenroll themselves and/or their dependents in medical, dental, vision and supplemental life insurance coverage during the Open Enrollment period, which will be held Monday, May 2 through Friday, May 13.

If you already are enrolled in benefits, please review your Benefits Summary by logging in to myOhio.gov and clicking the myBenefits button to access your benefits information, as well as your dependents, if applicable. Ensure your dependents still meet the eligibility requirements by visiting das.ohio.gov/EligibilityRequirements. If you do not have any changes to your coverage, no additional action is required. If you wish to waive your current health coverage, you will need to do so during Open Enrollment.

Important Changes for the Upcoming Benefit Year

- **Third-Party Administrators (TPA)** – Effective July 1, 2016, there will be three third-party administrators for the Ohio Med PPO – Aetna, Anthem and Medical Mutual of Ohio. See Page 7 for more information.
- **Enrolled employees will receive new medical and prescription drug ID cards.**
- **Optum's Family Support Program** – For families who are dealing with substance use issues, a new program offers resources and support. For details, visit das.ohio.gov/behavioralhealth.
- **House Bill 1 (HB1) Dependents:** Pursuant to Amended Substitute House Bill 201, effective July 1, 2016, HB1 dependents will no longer be eligible for the State of Ohio's medical benefits. Dependents may be eligible for COBRA.
- **OptumRx has acquired Catamaran** and is the prescription drug third-party administrator. The prescription drug benefit will remain the same.

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Benefits Enrollment Instructions



To enroll, disenroll or make changes, please follow the steps below:

1. Review information about available benefits by carefully reading this Open Enrollment edition of *Pathways to myBenefits*. If you have questions, contact your agency benefits representative, human resources office or the Ohio Department of Administrative Services' HR Customer Service desk at 800-409-1205, select Option 2.
2. Enroll in medical, dental and vision coverage or make changes to you and/or your dependents' current coverage by going online to myOhio.gov or by obtaining a paper form.

A. Online

- Go to myOhio.gov. Enter your State of Ohio User ID and password. If you have forgotten your State of Ohio User ID or password, contact HR Customer Service by calling toll-free, 800-409-1205, or in Columbus, 614-466-8857. Make sure to select Option 1 when prompted;
- Click on **myBenefits** under Self Service Quick Access on the right side of the page;
- The Benefits Summary page will open; review your current benefit information;
- Click on **Enroll in Benefits and make the necessary changes or updates**.
 - Submit your enrollment or changes. **All transactions must be completed, submitted and confirmed prior to 7 p.m. Friday, May 13. The system will not accept any entries after 7 p.m. Friday, May 13.** Make sure your online changes are correctly submitted by clicking the **SUBMIT** button on the last two pages of the process. At the end, you will receive a confirmation message that can be printed for your records.
 - For detailed instructions on how to enroll or disenroll online, go to: das.ohio.gov/EnrollmentInstructions.
 - Online Open Enrollment is available Monday, May 2 through Friday, May 13, 2016, as follows:
Weekdays – All day except 7 to 9 p.m.
Saturdays – All day except 4 to 6 p.m.
Sundays – All day except 4 p.m. to midnight

B. Paper

- For medical coverage for all eligible employees and dental and vision coverage for exempt employees, obtain a paper State of Ohio Benefit Enrollment/Change Form (ADM 4717) on the Benefits Administration website at: das.ohio.gov/HealthCareForms or from your agency's human resources office.
- For all bargaining unit members, forms to change dental and vision coverage are available at benefitstrust.org, then click the Forms & Info link.
- Submit your enrollment or changes by giving your completed and signed State of Ohio Benefit Enrollment/Change Form (ADM4717) and/or the Union Benefits Trust Dental & Vision Enrollment Form to your agency's human resources office by 4 p.m. Friday, May 13.

Following Open Enrollment, all eligible employees will receive a confirmation letter in the mail. This letter should arrive in early June. Please review this letter carefully to ensure your enrollment elections have been processed correctly.



myOhio

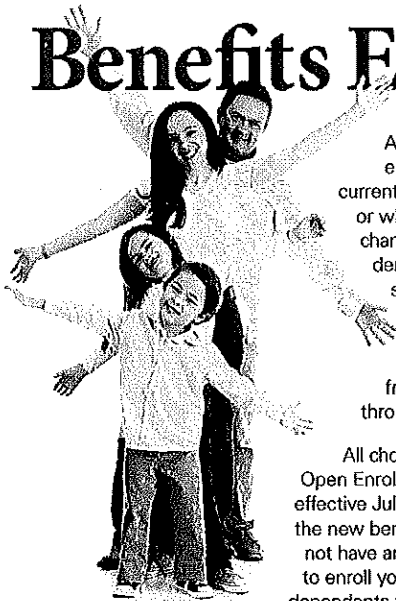
IMPORTANT

If you are enrolling for the first time and/or adding new dependents during this Open Enrollment, you must provide the required eligibility documentation for your dependents. A listing of the required documentation can be found at: das.ohio.gov/EligibilityRequirements.

Coverage will not be provided for dependents until the eligibility documents are received and approved. The final deadline to submit all required documentation is July 31.

You will not have another opportunity to enroll yourself or eligible dependents for benefits or make changes to your elections until the next Open Enrollment unless you experience a change in status/qualifying event.

Benefits Eligibility



All eligible employees who currently are not enrolled or who need to make changes to medical, dental, vision or supplemental life can only do so during Open Enrollment, held from Monday, May 2 through Friday, May 13.

All choices made during Open Enrollment will become effective July 1, which begins the new benefit year. You will not have another opportunity to enroll yourself or eligible dependents for benefits

or make changes to your elections until the next Open Enrollment unless you experience a change in status/qualifying event, such as marriage, divorce, or the birth or adoption of a child.

For more information about qualifying events:

1. Go to das.ohio.gov/benefits;
2. Click on the link for the Change in Status/Qualifying Events Matrix along the right navigation pane.

ELIGIBILITY FOR BENEFITS Employees

- Medical – Most state employees are eligible to enroll in medical coverage (which includes prescription drug, behavioral health and wellness benefits) during Open Enrollment or within 31 days from their hire date. Benefits are effective the first day of the month following the date of hire. Changes made during Open Enrollment are effective July 1. *For more information on non-permanent employees becoming newly eligible for coverage pursuant to the Patient Protection and Affordable Care Act, please see the das.ohio.gov/EligibilityRequirements Web page.*
- Dental and Vision – Permanent exempt and union-represented employees are eligible to enroll in dental and vision coverage effective the first day of the month after completing one full year of continuous state service or thereafter during Open Enrollment.
- Basic Life – Permanent exempt and union-represented employees are eligible for basic life coverage after completing one full year of continuous state service. Enrollment is automatic. The basic life insurance benefit for union-represented employees is provided through Prudential. The exempt employees' basic life insurance benefit is provided through Minnesota Life.

- Supplemental Life – Permanent exempt and union-represented employees are eligible for coverage on their date of hire and have 90 days to enroll.* Permanent exempt and union-represented employees also may enroll or make changes during Open Enrollment. The supplemental life insurance benefit for union-represented employees is provided through Prudential. The exempt employees' supplemental life insurance benefit is provided through Minnesota Life.

* Certain new enrollments or increases are subject to evidence of insurability and may delay the effective date of coverage.

ELIGIBILITY FOR BENEFITS Dependents

To view the detailed eligibility and enrollment requirements for all dependents, visit: das.ohio.gov/EligibilityRequirements.

Note: To ensure that dependent documentation is processed prior to July 1, it is recommended that employees submit all required eligibility documentation for dependents to your agency human resources office by June 1. The final deadline to submit all required documentation is July 31.

Due to various federal and state regulations regarding dependent children, please refer to the chart on Page 6 for more guidance.

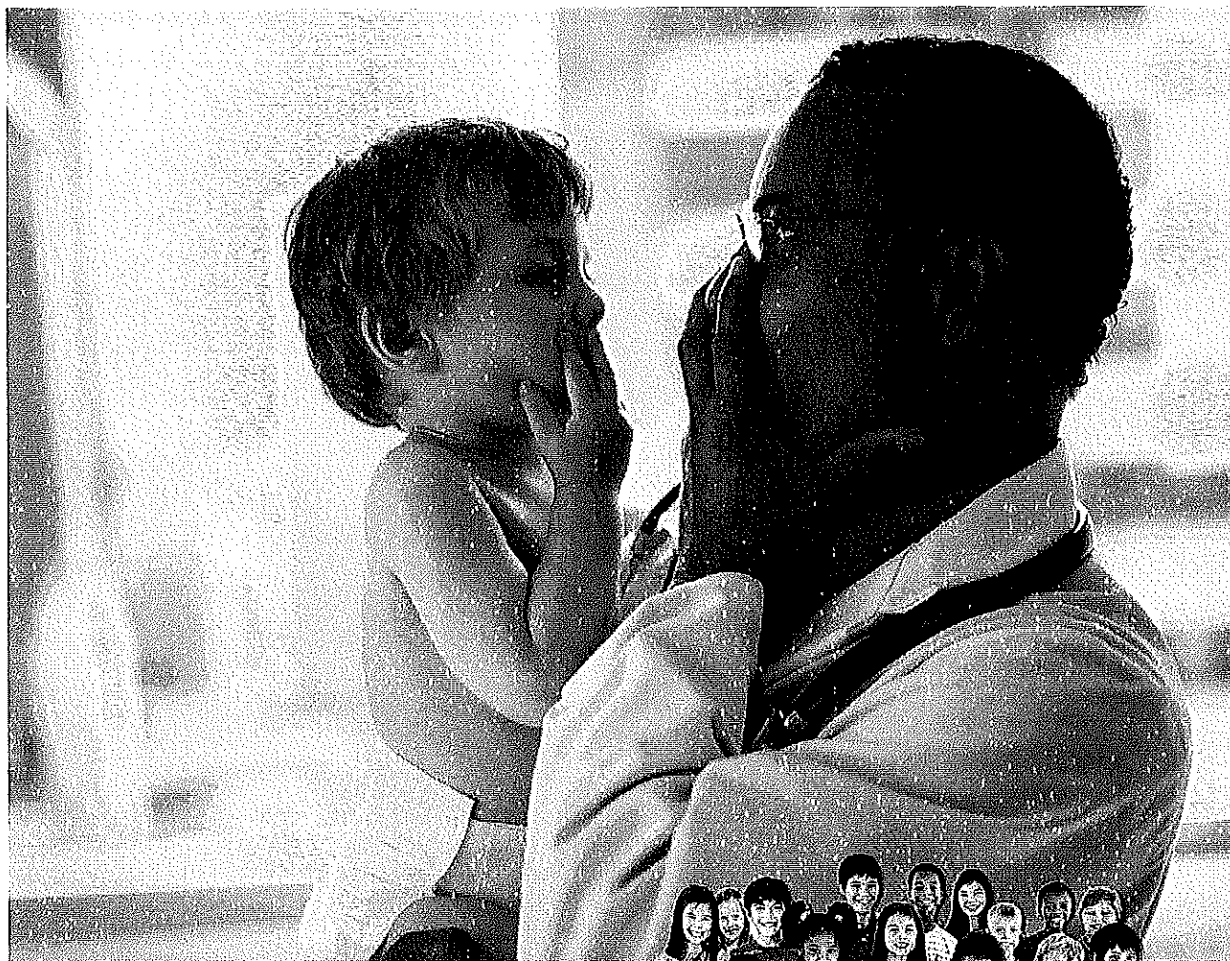


Did you know?

In the event of a qualifying life event, such as a marriage, divorce, birth, adoption of a child or a child reaching the age of ineligibility, you have 31 days to add or remove dependents to or from coverage. If you wait longer than 31 days, you will have to wait until the next Open Enrollment period to make the change. If you fail to remove a dependent from coverage within 31 days of a qualifying event, you may be responsible for health care expenses incurred by the ineligible dependent.

It is your responsibility to contact your agency human resources office when one of your enrolled dependents is, or becomes, ineligible for benefits coverage.

PLEASE NOTE: The material in this publication is for informational purposes. It is intended only to highlight the main benefits, eligibility policies and coverage information for State of Ohio employees and their dependents. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the plan documents, the plan documents govern. To locate the plan documents on the Benefits Administration website, das.ohio.gov/benefits, click on Medical located in the right navigation pane under Benefits.



Eligibility for Benefits

DEPENDENT CATEGORY	MEDICAL	DENTAL	VISION	SUPPLEMENTAL LIFE
Children younger than age 23	Coverage available for eligible dependents ¹	Coverage available for eligible dependents ²	Coverage available for eligible dependents ²	Coverage available for eligible dependents
Children ages 23 - 26	Coverage available for eligible dependents ¹	No coverage available	No coverage available	Coverage available for eligible dependents

¹View detailed eligibility and documentation requirements at: das.ohio.gov/EligibilityRequirements.

²Student verification is needed for dependents age 19 up to age 23. View detailed eligibility and documentation requirements at: das.ohio.gov/EligibilityRequirements.

Note: When one of your enrolled dependents is, or becomes, ineligible for benefits coverage based on the state's definition of eligibility, it is your responsibility to contact your agency benefits specialist (or human resources office) immediately to remove them from your coverage. Your dependent may be eligible to continue their medical, dental and/or vision benefits through COBRA (continuation coverage) if you notify your agency benefits specialist (or human resources office) within 60 days after the qualifying event.

Enrollment or continuation of an ineligible dependent may result in loss of benefits, disciplinary action and/or repayment of claims. If you fail to remove a dependent from coverage within 31 days of a qualifying event, you may be responsible for health care expenses incurred by the ineligible dependent.

Medical Benefits

The State of Ohio is contracting with Aetna, Anthem and Medical Mutual of Ohio to serve as the third-party administrators for the Ohio Med Preferred Provider Organization (PPO) beginning July 1, 2016. The plan design is the same for all three third-party administrators. Under this plan, employees have access to both network and non-network providers.

Aetna, Anthem and Medical Mutual will each serve specific regions in Ohio based on home ZIP codes. You will be assigned your third-party administrator based on the first three digits of your home ZIP code. Review the chart on the right that features the ZIP code breakdown by plan administrator. Employees who live outside of Ohio are automatically enrolled in Anthem.

For deduction information, see the charts on Page 9.

When you are enrolled in medical coverage, you automatically gain prescription drug, behavioral health and wellness benefits. Copayments, deductibles and co-insurance are combined with your behavioral health plan. If you receive medical services prior to meeting your deductible, you may need to pay for these services up to the deductible amount before the plan starts paying. This does not apply to routine office visits for which you only pay an office visit copayment.

TO OBTAIN INFORMATION FROM YOUR THIRD-PARTY ADMINISTRATOR:

If you would like to receive information about the plan, providers and ancillary programs from your assigned third-party administrator – Aetna, Anthem or Medical Mutual – refer to the Health and Other Benefits Contacts information on Page 17. You can visit your third-party administrator's website to download and print the information or call their customer service unit to request that it be mailed to you.






SAVE MONEY: USE BENEFITS WISELY

All of the State of Ohio's health plans are self-funded. This means that the cost of your benefits is funded by contributions from you and your agency. All claims are paid for from contributions – your third-party administrator does not pay for your claims. Rather, Aetna, Anthem and Medical Mutual review claims and process payments, and are paid an administrative fee. When the amount of paid claims is greater than the amount of contributions from employees and agencies, medical costs go up.

It is up to each of us to use our benefits wisely. We can all do our part by making wellness a priority in our lives, evaluating our options when we need care and avoiding unnecessary visits.

Take advantage of consumer tools provided by our medical third-party administrators that will enable you to shop and find lower costs for the services they provide (MRIs, labs, surgeries, etc.).

Medical Third-Party Administrator ZIP Code Chart

3-Digit ZIP Code		Third-Party Administrator
Columbus Toledo	430	 Plan/Network: Aetna Choice POS II (Open Access)
	431	
	432	
	433	
	434	
	435	
	436	
	448	
Cincinnati Dayton Southern Ohio Springfield Youngstown Out of State	449	 Plan/Network: Blue Access (PPO)
	437	
	438	
	439	
	444	
	445	
	450	
	451	
	452	
	453	
	454	
	455	
Akron Cleveland	456	 MEDICAL MUTUAL Plan/Network: OhioMed
	457	
	458	
	440	
	441	
	442	
	443	
	446	
	447	

Ohio Med PPO

OUT-OF-POCKET COSTS

Annual Deductible	Network: \$200 single, \$400 family; out-of-network: \$400 single, \$800 family (combined with behavioral health).
Your Copayments (Office Visits)	Network: \$20; out-of-network: \$30.
Coinsurance	Network: You pay 20%, plan pays 80%; out-of-network: You pay 40%, plan pays 60%. ¹
Your Out-of-Pocket Maximum²	Network: \$1,500 single, \$3,000 family; out-of-network: \$3,000 single, \$6,000 family ² (combined with behavioral health).

BENEFIT/SERVICE COVERAGE LEVELS

Chiropractic Care	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network. Unlimited visits.
Diagnostic, X-Ray and Lab Services	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network.
Durable Medical Equipment	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network.
Emergency Room	<ul style="list-style-type: none"> Covered at 80%; \$75 copay, which is waived if patient is admitted as inpatient; 60% out-of-network for non-emergency.
Hearing Loss (Accidental Injury or Illness)	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network. Exams and follow-ups are included in coverage.
Home Health Care	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network; limit of 180 days.
Hospice Services	<ul style="list-style-type: none"> Covered at 100% with no copay, time or dollar limitations for both in- and out-of-network.
Immunizations	<ul style="list-style-type: none"> Most are covered at 100% in-network; 60% out-of-network.
Infertility Testing	<ul style="list-style-type: none"> Covered at 80% after \$20 copay, for in-network; 60% after \$30 copay out-of-network. Coverage includes testing only.
Inpatient and Outpatient Services	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network.
Maternity - Delivery	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network.
Maternity - Prenatal/Postpartum Care	<ul style="list-style-type: none"> Prenatal Care: Office visits covered at 100% when billed separately from delivery; tests/procedures covered at 80% in-network; 60% out-of-network. Postpartum Care: breast-feeding support and counseling (including lactation classes), and supplies (including breast pump rental) covered at 100%.
Physical, Occupational and Speech Therapy	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network. Unlimited visits (review required). Includes coverage for Autism Spectrum Disorder.
Preventive Exams and Screenings	<ul style="list-style-type: none"> Most preventive care covered at 100% in-network; 60% out-of-network. Age restrictions may apply.
Skilled Nursing Facility	<ul style="list-style-type: none"> Covered at 80%; 180-day limit, additional days covered at 60%, for both in- and out-of-network.
Urgent Care	<ul style="list-style-type: none"> \$25 copay in-network; \$30 copay out-of-network. Covered at 80% in-network; 60% out-of-network.

¹ Plan pays 60% of Ohio Med PPO's contracted allowable amount and you pay any remaining balance.

² If your out-of-network charge is greater than the Ohio Med PPO contracted allowable amount, your out-of-pocket costs will be more.

³ For prescription drug out-of-pocket cost information, visit das.ohio.gov/prescriptiondrug.

FULL-TIME EMPLOYEE MEDICAL DEDUCTIONS

	FULL-TIME / BIWEEKLY PAID EMPLOYEE DEDUCTIONS ¹			FULL-TIME / MONTHLY PAID EMPLOYEE DEDUCTIONS ¹		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$40.90	\$230.68	\$271.58	\$88.62	\$499.83	\$588.45
Family Minus Spouse	\$111.92	\$633.12	\$745.04	\$242.49	\$1,371.75	\$1,614.24
Family Plus Spouse ²	\$117.69	\$633.12	\$750.81	\$254.99	\$1,371.75	\$1,626.74

¹ These rates represent the total amount that will be deducted from your paycheck.

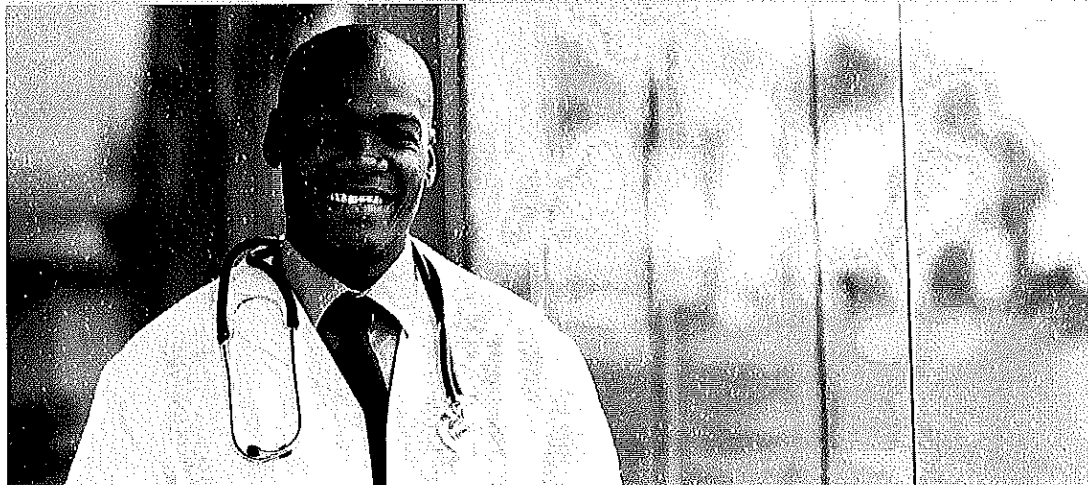
² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

PART-TIME EMPLOYEE MEDICAL DEDUCTIONS

	PART-TIME BIWEEKLY DEDUCTIONS ¹ 50% TIER			PART-TIME BIWEEKLY DEDUCTIONS ¹ 0% TIER		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$135.79	\$135.79	\$271.58	\$271.58	\$0.00	\$271.58
Family Minus Spouse	\$372.52	\$372.52	\$745.04	\$745.04	\$0.00	\$745.04
Family Plus Spouse ²	\$378.29	\$372.52	\$750.81	\$750.81	\$0.00	\$750.81

¹ These rates represent the total amount that will be deducted from your paycheck.

² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.



Preventive Care

STAY HEALTHY, SAVE MONEY

Preventing and detecting disease early is important to living a healthy life. The better your health, the lower your health care costs are likely to be. One of the most important actions you can take for your health and your family's health is to schedule regular check-ups and screenings with your primary care physician.

Your State of Ohio medical plan offers the following services with no deductible, no copayment and no coinsurance for network providers. Other services are available for the normal copayment, coinsurance and deductible amounts.

FREE EXAMS AND SCREENINGS	
Clinical breast exam	1/plan year
Colonoscopy	Every 10 years starting at age 50
Flexible sigmoidoscopy	Every 10 years starting at age 50
Glucose	1/plan year
Gynecological Exam	1/plan year
Hemoglobin, hematocrit or CBC	1/plan year
Lipid profile or total and HDL cholesterol	1/plan year
Mammogram	1 routine and 1 medically necessary/plan year
Pre-natal office visits	As needed; based on physician's ability to code claims separately from other maternity-related services
Stool for occult blood	1/plan year
Urinalysis	1/plan year
Well-baby, well-child exam	Various for birth to 2 years; then annual to age 21
Well-person exam (annual physical)	1/plan year

FREE IMMUNIZATIONS	
Diphtheria, tetanus, pertussis (DTap)	2/4/6/15-18 months; 4-6 years
Haemophilus Influenza b (Hib)	2/4/6/12-15 months
Hepatitis A (HepA)	2 doses between 1-2 years
Hepatitis B (HepB)	Birth; 1-2 months; 6-18 months
Human Papillomavirus (HPV)	3 doses for 9-26 years
Influenza	1/plan year
Measles, mumps, rubella (MMR)	12-15 months, then at 4-6 years; adults who lack immunity
Meningococcal (MCV4)	1 dose between 11-12 years or start of high school or college
Pneumococcal	2/4/6 months; 12-15 months; annually at age 65 and older; high risk groups
Poliovirus (IPEV)	2 and 4 months; 6-18 months; 4-6 years
Rotavirus (Rota)	2/4/6 months
Tetanus, diphtheria, pertussis (Td/Tdap)	11-12 years; Td booster every 10 years, 18 and older
Varicella (Chickenpox)	12-15 months; 4-6 years; 2 doses for susceptible adults
Zoster (shingles)	1 dose for age 19 +

This is not an all-inclusive list. Please refer to das.ohio.gov/medical for more information about preventive care services.

Prescription Drug

OptumRx (formerly Catamaran) provides prescription drug benefits for State of Ohio employees and their dependents who are enrolled in the Ohio Med PPO Plan.

Diabetes Management Program

Members are eligible for free diabetic supplies and medication if they have had a hemoglobin A1C test within the past 12 months of being a member of the Ohio Med PPO.

Pharmacy website offers online tracking, tools

The website for OptumRx, OptumRx.com, is a private, secure website. All of your pharmacy plan information is available at your fingertips 24/7.

Easy access to the OptumRx website allows you to:

- Compare mail-order prices and prices at local pharmacies;
- Find your lowest copay;
- Locate your pharmacy and get driving directions;
- Manage your mail-order prescriptions, including options to request a refill or track an order; and
- Learn more about your prescription drugs.

Visit OptumRx.com today. You will need your pharmacy member ID number located on your OptumRx card to log in. The number begins with the letter "A." (New OptumRx ID cards will be mailed to enrolled employees prior to July 1, 2016.)

For questions, contact OptumRx at 866-854-8850.

Specialty drug management program

Some specialized medications for serious medical conditions such as cancer, cystic fibrosis and rheumatoid arthritis must be obtained from the specialty pharmacy Brivoa and can only be filled for 30 days or less. Your order may be shipped to your home or workplace. A description of the program and a list of specialty medications are available on the Benefits Administration website at das.ohio.gov/prescriptiondrug under the **Specialty Drug List**.

Not all drugs are covered

Some drugs require the use of alternative medications before being approved. This is known as "step therapy." Examples include medications used for heartburn, glaucoma, multiple sclerosis, diabetes, asthma, elevated triglycerides, migraines, osteoporosis, nasal allergies, sleep disturbances and high blood pressure as well as atypical antipsychotics and antiviral medications such as Valtrex®. Additional medications requiring step therapy may be added at any time. If this occurs, members currently using the affected drugs will be notified in advance by mail.

A program description and a list of medications are on the Benefits Administration website, das.ohio.gov/prescriptiondrug, under "Prescription Drug Updates."

COPAYMENT COSTS				
TYPE OF MEDICATION	30-DAY SUPPLY AT RETAIL COPAYMENT	30-DAY SUPPLY SPECIALTY COPAYMENT	90-DAY SUPPLY AT RETAIL COPAYMENT	90-DAY SUPPLY AT MAIL-ORDER COPAYMENT
Generic	\$10	\$10	\$30	\$25
Preferred Brand-Name	\$25	\$25	\$75	\$62.50
Non-Preferred Brand-Name Generic Unavailable	\$50	\$50	\$150	\$125
Non-Preferred Brand-Name Generic Available	\$50 plus the difference between the cost of the brand-name and generic drug	\$50 plus the difference between the cost of the brand-name and generic drug	\$150 plus the difference between the cost of the brand-name and generic drug	\$125 plus the difference between the cost of the brand-name and generic drug
Out-of-Pocket Maximum*	\$2,000 single/\$4,000 family			
The amount charged to the individual for generic, preferred brand and non-preferred brand medications will not be greater than the actual cost of the medication. Therefore, the amount charged may be less than the flat-dollar copay.				
The maximum copay for oral oncology medications will be \$100 for a 30-day supply. For more details, visit das.ohio.gov/prescriptiondrug .				
* Pharmacy copays do not apply toward medical/behavioral health plan deductibles and the annual out-of-pocket maximum.				

Behavioral Health



HELP AVAILABLE 24/7

Optum Behavioral Solutions provides specialized behavioral health and substance use services for State of Ohio employees and their dependents who are enrolled in the Ohio Med PPO. This program, administered by Optum, provides 24-hours-a-day, seven-days-a-week confidential phone assessment and referral services for a variety of behavioral health issues, such as:

- Alcohol;
- Depression;
- Anger management;
- Marital and family issues;
- Anxiety;
- Serious mental illness; and
- Chemical dependency;
- Stress.
- Compulsive disorders;

Copayments, deductibles and co-insurance are combined with your medical plan. If you receive behavioral health services prior to meeting your deductible, you may need to pay for these services up to the deductible amount before your plan starts paying. This does not apply to routine office visits for which you only pay an office visit copayment.

Benefits

Enrolled employees and their dependents have access to both in-network and out-of-network behavioral health benefits. However, you will pay more if you do not use a participating network provider and facility. This is known as balance billing. See the chart on this page for further details.

Support Services

The State of Ohio offers support services through the Ohio Employee Assistance Program (OEAP) for various behavioral health issues, which include behavioral health referrals and consultations for employees and their dependents. Other services include training, critical incident stress management, organizational transition interventions, mediation and a new Family Support Program for dependents up to age 25 who have a substance use problem. For details, visit das.ohio.gov/behavioralhealth.

BEHAVIORAL HEALTH BENEFIT PLAN

Copayments

- Outpatient office visit in-network: \$20
- Outpatient office visit: out-of-network \$30 (balance billing applies)
- Intensive outpatient care in-network: \$20
- Intensive outpatient care out-of-network: \$30 (balance billing applies)

Deductibles

- Single in-network: \$200 combined with medical
- Family in-network: \$400 combined with medical
- Single out-of-network: \$400 combined with medical
- Family out-of-network: \$800 combined with medical

Plan Coinsurance %

- Outpatient in-network: 100% after office visit copay, 80% for other services
- Outpatient out-of-network: 60% of fee schedule after copayment (balance billing applies)
- Inpatient in-network: 80% after deductible
- Inpatient out-of-network: 60% after deductible, \$350 penalty if not preauthorized

Out-Of-Pocket Maximum

- Single in-network: \$1,500 combined with medical
- Family in-network: \$3,000 combined with medical
- Single out-of-network: \$3,000 combined with medical
- Family out-of-network: \$6,000 combined with medical

Other

- Day limits: none
- Annual limits: none
- Lifetime limits: none
- Benefits limits: some

Make Wellness Your Priority



LET TAKE CHARGE! LIVE WELL! BE YOUR GUIDE

Your health and wellness is important to us. The State of Ohio offers a robust and comprehensive health and wellness program called *Take Charge! Live Well!*

Take Charge! Live Well! provides the tools, guidance and resources you need to be healthier, happier and more productive, while reducing health care costs.

On a personal level, the benefits of *Take Charge! Live Well!* include:

- Biometric screenings;
- Well-Being 5 Survey;
- Health coaching;
- Rewards for taking steps to improve your health;
- 24-hour Nurse Advice Line;
- Flu vaccinations;
- Health and wellness fairs;
- Weight-loss, fitness and activity challenges;
- A website full of resources, ohio.gov/tclw;
- Online tracking of wellness activities;
- On-site wellness ambassadors to provide information and answer questions; and
- A new Financial Well-Being program by financial expert Dave Ramsey.

Specific programs include:

- Tobacco cessation; and
- Support for chronic disease management.

At an enterprise level, *Take Charge! Live Well!* is designed to:

- Offer preventive care tools and resources to its enrolled members;
- Increase productivity;
- Encourage engagement among employees;
- Improve retention; and
- Contain or reduce health care costs by improving health.

Take Charge! Live Well! supports you in your effort to be your healthiest by helping you identify risks and improve your health.

Employees active in *Take Charge! Live Well!* have expressed that they appreciate the blend of an educational and motivational approach to health and wellness.

For full details, visit the *Take Charge! Live Well!* website at: ohio.gov/tclw.

PATHWAYS TO WELLNESS

Step 1: ASSESS YOUR HEALTH

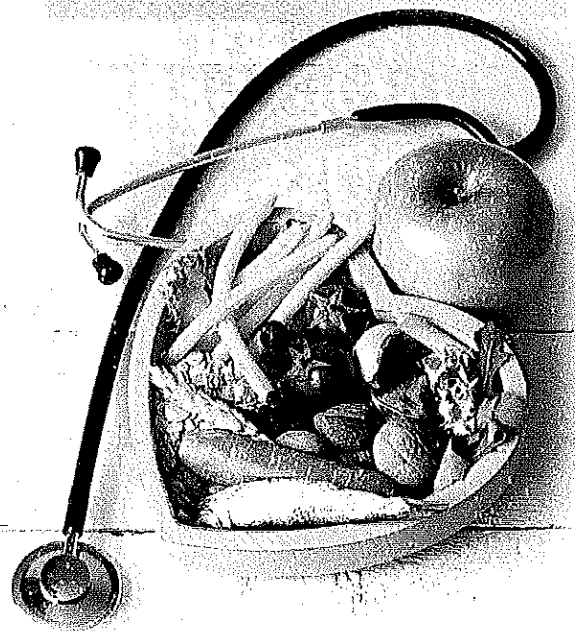
- Complete your biometric screening through an on-site screening or through your physician: **Earn \$75**
 - Complete your Well-Being 5 Survey: **Earn \$50**
- BONUS:** Submit BOTH by Nov. 30, 2016: **Earn another \$25**

Step 2: TAKE ACTION – It's Your Choice!

- Complete the Coaching Pathway; OR **Earn \$200**
- Complete the Online Pathway

Reward cards are considered taxable compensation. The taxes on the amount of your Incentive will be deducted from your paycheck.

For more detailed information about rewards and the *Take Charge! Live Well!* program, go to the *Take Charge! Live Well!* website at ohio.gov/tclw and click on the Program Guide button.



Healthways Website Updates Scheduled

Healthways will be performing annual system updates from July 1 through 14. During this time, Well-Being Connect, the Healthways website, will not be accessible.

Dental and Vision

FOR EXEMPT EMPLOYEES

The State of Ohio pays the full cost for you and your eligible dependents (children younger than age 23¹) to participate in the dental and vision plans. Exempt employees are eligible to participate in these plans effective the first day of the month after completing one year of continuous state service. Employees receive a letter indicating when they will be eligible for dental coverage.

Delta Dental PPO

Dental coverage is offered through the Delta Dental PPO plan, offered through Delta Dental of Ohio. You can go to any licensed dentist of your choice and receive benefits, but you typically will pay less when you go to an in-network dentist.

Your out-of-pocket expenses will vary depending on the participation status of your dentist. Your out-of-pocket costs are likely to be lower if you go to a dentist who participates in one of the Delta Dental networks. For most covered services, Delta Dental pays a higher percentage if you go to a dentist in its PPO network over its Premier network. Delta pays the least for out-of-network dentists.

To find a participating Delta Dental dentist near you, visit or call:

deltadentaloh.com
800-524-0149
Group Number: 9273-0001

Print Your Delta Dental Card Online

If you would like a card to present to your dentist, you may print a card from Delta Dental's website. After you are enrolled in the dental plan, visit deltadentaloh.com and click on **Consumer Toolkit**.

Complete the login process and click on **Print ID Card**. If you are enrolling in the plan for the first time, please wait until July 1 to access the dental site.

Vision Service Plan

Vision coverage is offered through Vision Service Plan (VSP). The VSP Choice network encompasses a large number of providers. If you use a non-network provider, out-of-network charges will apply.

To find a participating VSP vision provider near you, visit or call:

vsp.com
800-877-7195
Group Number: 12022518

Print Your VSP Card Online

If you would like an enrollment card to present to your vision provider, you may print a card through the VSP website. After you are enrolled in the vision plan, visit vsp.com, complete the login process and click on **My Member Vision Card**. If you are enrolling in the vision plan for the first time, wait until July 1 to access the site.

See Page 15 to view the in-network and out-of-network benefits for the dental and vision plans.

¹ View detailed eligibility and documentation requirements at: das.ohio.gov/EligibilityRequirements.



UNION
BENEFITS TRUST

For Union-Represented Employees

Union-represented employees receive dental, vision, life and legal plan benefits through Union Benefits Trust (UBT).

The UBT Enrollment Guide will be mailed to union members' homes. The guide includes enrollment/change forms for dental, vision and legal plans. For supplemental life insurance, a separate mailing from Prudential will arrive during the same period. For more information, please visit benefitstrust.org.

DELTA DENTAL PLAN FOR EXEMPT EMPLOYEES

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Delta Dental Dentist*
Annual Maximum	\$1,500	\$1,500	\$1,500*
Diagnostic and Preventive Services	100%	100%	100%*
Basic Restorative Services (e.g., fillings)	100%	65%	65%*
Major Restorative Services (e.g., crowns, bridges)	60%	50%	50%*
Orthodontia	50% up to \$1,500 lifetime maximum	50% up to \$1,500 lifetime maximum	50% up to \$1,500* lifetime maximum

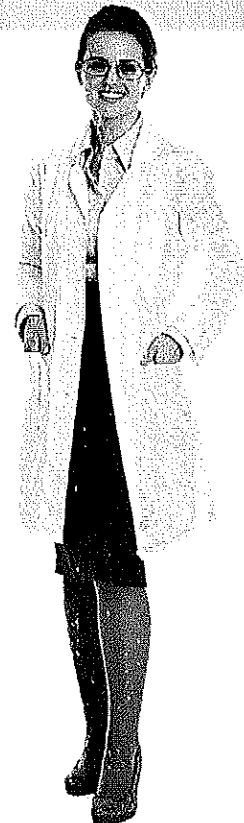
Deductible - \$25 deductible per person total per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, periodontal maintenance (cleaning) and orthodontic services.

There is a separate \$1,000 lifetime maximum on dental implants.

*Delta Dental will pay up to the allowed amount or the maximum allowable charge for providers in your area. You can be balance billed by non-Delta Dental providers for any amount that exceeds the allowable amount. Network providers cannot balance bill you for the difference between their charge and Delta Dental's allowed amount.

VISION SERVICE PLAN (VSP) FOR EXEMPT EMPLOYEES

Service	In-Network	Out-Of-Network
Routine Exam/Frame/ Lens Frequency	1 every 12 months	
Routine Exam/ Professional Fees	Plan pays 100% after \$10 copay.	You pay \$10 copay, then plan pays maximum of \$25.
FRAMES	Plan pays 100% up to \$120 retail.	Plan pays maximum benefit of \$18.
MATERIALS/LENSES	You pay \$15 copay, then plan pays maximum benefit of:	
Single Vision Lenses	Plan pays 100% after \$15 copay.	\$25
Bifocal Lenses		\$35
Progressive Lenses		\$52
Trifocal Lenses		\$52
Lenticular Lenses		\$62
Polycarbonate Lenses		\$0
CONTACT LENSES	Plan pays maximum of \$125 plus standard eye exam.	
Elective (Instead of Lenses and Frames)		
Medically Necessary	Plan pays 100% plus standard eye exam.	Plan pays maximum of \$125 plus standard eye exam.



Life Insurance

FOR EXEMPT EMPLOYEES

Exempt Basic Life Insurance

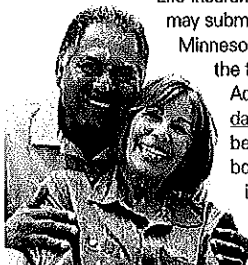
The State of Ohio pays the cost for eligible exempt employees to participate in the basic life plan. Eligible exempt employees are automatically enrolled in the basic life plan after one year of continuous state service. The coverage includes an accidental death and dismemberment benefit for work-related injuries. This benefit – equal to your annualized rate of pay rounded to the next highest \$1,000 – is provided to you at no cost.

The Internal Revenue Service (IRS) requires that employees be taxed on the value of employer-paid group life insurance coverage exceeding \$50,000. This is known as “imputed income.” If your annualized rate of pay (and thus your group life insurance) exceeds \$50,000 per year, the tax you owe on the value of the coverage that exceeds \$50,000 is reported to the IRS in Box 12 of your year-end W-2 form. The tax is based upon employee age brackets on the last day of the calendar year and increases in five-year increments as you grow older. See the imputed income rate chart below.

Beneficiary Forms

You may designate one or more beneficiaries for your basic and supplemental life benefits by visiting the Minnesota Life website at lifebenefits.com. For login instructions, see Page 17 under

Life Insurance for exempt employees. Or you may submit a beneficiary form by mail to Minnesota Life. This form is available in the forms section of the DAS Benefits Administration website, located at das.ohio.gov/HealthPlanForms. Your beneficiary elections will apply to both your basic and supplemental life insurance benefits.



IRS BASIC LIFE IMPUTED INCOME CHART (Monthly Cost Per \$1,000 of Coverage in Excess of \$50,000)	
AGE	COSTS
Younger than 25	\$0.05
25 through 29	\$0.06
30 through 34	\$0.08
35 through 39	\$0.09
40 through 44	\$0.10
45 through 49	\$0.15
50 through 54	\$0.23
55 through 59	\$0.43
60 through 64	\$0.66
65 through 69	\$1.27
70 and older	\$2.06

Exempt Supplemental Life Insurance

Exempt employees are eligible to purchase supplemental life insurance coverage, provided by Minnesota Life. This coverage is entirely employee-paid, and can be purchased within 90 days of employment or upon becoming an exempt employee with no waiting period. When you enroll for coverage, you also may elect life insurance for your eligible dependents. The amount you contribute toward your supplemental and dependent life coverage is deducted from your paycheck. See Page 17 for plan contact information and initial login credentials.

For Yourself

At Open Enrollment, if you do not already have supplemental life coverage, you may purchase up to the lesser of two times your annualized earnings or \$150,000 without evidence of insurability. If you have existing coverage, you may increase coverage by up to the lesser of two times your annualized earnings or \$150,000 without evidence of insurability.

The maximum amount of coverage available is the lesser of eight times your annualized earnings or \$600,000. If your coverage election exceeds the non-medical limits described above, evidence of insurability will be required. Coverage above the non-medical limits will become effective once evidence of insurability is approved by Minnesota Life. Outside of open enrollment, supplemental life coverage may not be increased without a qualifying life event. If you experience a qualifying life event, you must submit your request within 31 days of the associated life event. For questions regarding a qualifying life event, call Minnesota Life. See Page 17 for contact information.

For Your Spouse

You may purchase supplemental life insurance for your spouse in \$10,000 increments up to \$40,000. Spousal coverage in excess of \$10,000 requires your spouse to provide evidence of insurability.

For Your Dependent Children

You may purchase \$7,000 of life coverage for each of your eligible dependent children younger than age 26 at a rate of \$0.82 cents per month, regardless of how many children you cover. You are responsible for dropping your dependent's coverage when your child reaches age 26.

Cancelling or Reducing Coverage

You may cancel or reduce your employee or dependent supplemental life insurance coverage at any time throughout the year by submitting a written request to Minnesota Life. Coverage will be cancelled or reduced effective the first of the month after your request is received and processed by Minnesota Life. Once coverage is cancelled or reduced for either yourself and/or your dependents, evidence of insurability will be required for any future enrollment for supplemental life coverage, including during open enrollment and qualifying life events. You may be required to submit medical documentation and your coverage election may be approved or rejected by Minnesota Life based upon medical underwriting results.

Health and Other Benefits Contacts

ALL EMPLOYEES

Medical

Aetna
800-949-3104
aetnastateohioemployee.com
Group Number: 285507

Anthem

844-891-8359
enrollment.anthem.com/stateofohio
Group Number: 004007521

Medical Mutual of Ohio
800-822-1152

stateofohio.medmutual.com
Group Number: 228000

Prescription Drug

OptumRx (formerly Catamaran)
866-854-8850
OptumRx.com
Rx Group Number: STOH

Behavioral Health and Substance Use

Optum Behavioral Solutions
800-852-1091
liveandworkwell.com
Website Access Code: 00832

Ohio Employee Assistance Program
800-221-6327
ohio.gov/eap

Take Charge! Live Well!

Healthways
866-556-2288
ohio.gov/tclw
Click the Healthways website button.

24-Hour Nurse Advice Line

Healthways
866-556-2288, Option 1

Flexible Spending Accounts and Commuter Choice

WageWorks
855-428-0446
wageworks.com

EXEMPT EMPLOYEES ONLY

Dental

Delta Dental of Ohio
800-524-0149
deltadentaloh.com
Delta Dental PPO
Group Number: 9273-0001

Vision

Vision Service Plan (VSP)
800-877-7195
vsp.com
Group Number: 12022518

Life Insurance

Basic Life Insurance and Supplemental Life Insurance
Minnesota Life
866-293-6047
lifebenefits.com
Group Number: 34301
Initial logon credentials for life insurance: The initial user ID is "OH" plus your State of Ohio User ID. The initial password is your date of birth (MMDDYYYY) plus the last four digits of your Social Security Number.

UNION-REPRESENTED EMPLOYEES ONLY

Union Benefits Trust

614-508-2255
800-228-5088
benefitstrust.org

The websites of the Union Benefits Trust (UBT) vendors listed below can be accessed through the UBT website.

Dental

Delta Dental of Ohio
877-334-5008
Group Number: 1009

Vision

Vision Service Plan (VSP)
800-877-7195
Group Number: 12022914

EyeMed Vision Care

866-723-0514
Group Number: 9674813

Life Insurance

Prudential Life Insurance
800-778-3827
Group Number: LG-01049

Work/Life Program

Working Solutions Program
800-358-8515
Group Number: 4718

Legal Services

Hyatt Legal Services
800-821-6400
Group Number: 4900010



TIP:

When placing your calls, please ensure you have the documentation you might need during the call:

- Group Number
- State of Ohio User ID
- Explanation of Benefits if call is regarding a claim.

Ohio Department of Administrative Services

HR Customer Service

614-466-8857 (option 2) / 800-409-1205 (option 2)

HRCustomerService@das.ohio.gov
das.ohio.gov/benefits

Legal Notices

State of Ohio
Employee Health Plans
30 E. Broad St., 27th Floor
Columbus, Ohio 43215

NOTICE OF PRIVACY PRACTICES

Effective April 1, 2016

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes the privacy practices of the State of Ohio's self-funded medical plans, prescription drug plan, behavioral health plan, population health management plan, dental plans, vision plans, health care spending account, (but not dependent care flexible spending account) which are administered by the State of Ohio, Department of Administrative Services, Office of Benefits Administration Services (collectively "the Plan"). The Plan is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information (PHI), and to provide individuals with notice of the legal duties and privacy practices with respect to protected health information and to abide by the terms of the notice currently in effect.

Position on Privacy

The Plan is committed to maintaining the privacy of its enrolled persons. As part of your participation in the health plans, the Plan and its business associates (whom we use to administer and deliver health care services) receive health information through the operation and administration of the plans. PHI refers to any information, transmitted or maintained in any form or medium, which the Plan creates or receives that relates to your physical or mental health, the delivery of health care services to you or payment for health care services that identifies you or could reasonably be used to identify you. PHI and other Plan records are maintained in compliance with applicable State and federal laws.

If you have questions about this notice, please contact the Plan's HIPAA Privacy Contact listed on Page 20.

How the Plan May Use or Disclose Your Protected Health Information

The Plan may only use or disclose your medical information as described in this notice. Not every authorized use or disclosure in each category is listed, however all permitted uses and disclosures fall into one of these general categories.

1. Uses and Disclosures of Your PHI for Treatment, Payment, and Health Care Operations

For Treatment. The Plan may make requests, uses, and disclosures of your PHI as necessary for treatment purposes. For example, the Plan may make disclosures to your health plan regarding eligibility, or make disclosures to health care professionals involved in your care.

For Payment. The Plan may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For

example, the Plan may use information regarding your medical procedures and treatment so the third party administrator can process and pay claims. The Plan may also disclose your PHI for the payment purposes of a health care provider or a health plan.

For Health Care Operations Purposes. The Plan may use and disclose your PHI as necessary for health care operations. For example, Health Care Operations include, but are not limited to, use and disclosures: by health plan of PHI to the Plan for administration of the health plans; for quality assessment of the plans through the distribution and analysis of satisfaction surveys; in connection with the performance of disease management functions; and for general administrative activities, including customer service, cost management, data management, communications, claims and operational audits, and legal services. In addition, a health plan may send you information based on your own health information to inform you of possible treatment options or alternatives that may be available to you. The Plan may also combine your health information with that of other enrolled persons to evaluate the coverage provided and the quality of care received.

2. Other Uses and Disclosures of PHI for Which Your Authorization is Not Required

In limited instances, the law allows the Plan to use and disclose your PHI without your authorization in the following situations:

- A. **As Required By Law.** The Plan may disclose your PHI when required by federal, state or local law.
- B. **Family and Individuals Involved in Your Care.** The Plan may disclose medical information about you to a family member or friend who is involved in your medical care. The Plan may request that your family members verify their identity and demonstrate they are acting on your behalf.
- C. **To Avert a Serious Threat to Health or Safety.** The Plan may disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public.
- D. **Public Health Activities.** The Plan may use and disclose medical information about you for public health activities including activities related to preventing and controlling disease or, when required by law, to notify public authorities concerning cases of use or neglect.
- E. **Victims of Abuse, Neglect, or Domestic Violence.** The Plan may disclose medical information to a government authority, including a social service or protective agency if the Plan reasonably believes you to be a victim of abuse, neglect, or domestic violence.
- F. **Health Oversight Activities.** The Plan may disclose medical information to a health oversight agency for oversight activities authorized by law, such as: overall health care system monitoring, monitoring the conduct of government programs, and monitoring to ensure compliance with civil rights laws.
- G. **Lawsuits/Legal Disputes.** The Plan may use and disclose medical information about you in the course of an

Legal Notices

administrative or judicial proceeding, such as in response to a subpoena, discovery request, warrant, or a lawful court order.

- H. **Law Enforcement Purposes.** The Plan may disclose medical information to law enforcement officials for law enforcement purposes including investigation of a crime or to identify or locate a suspect, fugitive, material witness or missing person.
- I. **Specialized Government Functions.** The Plan may disclose medical information to authorized federal officials for the purposes of intelligence, counterintelligence, and other national security activities authorized by law.
- J. **Military.** If you are a member of the armed forces, the Plan may disclose medical information about you as required by military command authorities.
- K. **Organ, Eye and Tissue Donation.** If you are an organ donor, the Plan may disclose information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- L. **Workers' Compensation.** The Plan may disclose medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- M. **Coroners, Medical Examiners, and Funeral Directors.** The Plan may disclose medical information to a coroner or medical examiner to, for example, identify a deceased person or determine the cause of death. The Plan may also disclose medical information about patients to funeral directors as necessary to carry out their duties.
- N. **Business Associates.** The State contracts with parties who provide necessary services for the operation of its plans. For example, the Plan is assisted in its operations by third party administrators. These persons who assist the Plan are called business associates. At times, the Plan may use and disclose PHI so they can provide services. The Plan will require that any business associates who receive PHI safeguard the privacy of that information.
- O. **Disclosure to You.** The Plan may disclose your medical information to you.

3. Other Uses and Disclosures of PHI Requiring Your Written Authorization

In all situations other than those described previously, the Plan will ask for your written authorization before using or disclosing your PHI. For example, (except as required or permitted by law), the Plan will not use or disclose psychotherapy notes or sell your medical information without obtaining your prior written authorization. If you have provided authorization, you may revoke it in writing at any time, unless the Plan has already disclosed the information.

4. Changes to Existing Laws

Certain provisions of Ohio law may impose greater restrictions on uses and/or disclosures of PHI, or otherwise be more stringent

than federal rules protecting the privacy of PHI. If such provisions of Ohio law apply to a use or disclosure of PHI or under other circumstances described in this notice, the Plan must comply with those provisions.

Your Legal Rights

Federal privacy regulations provide you the following rights associated with your medical information:

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. (For example, you could ask that the Plan not disclose or use information about a certain medical treatment you received.) **The Plan is not required to agree to your request.** To request restrictions on the use or disclosure of your PHI, you must make your request in writing to the Plan's HIPAA Privacy Contact listed below. In your request, you must explain: (1) what PHI you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and, (3) to whom you want the limits to apply (for example, your spouse).

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at a specific phone number or address. To request confidential communications, you must make your request in writing to the Plan's HIPAA Privacy Contact listed below. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. After the Plan receives your request, the information may be forwarded to your health plan. As a result, additional reasonable information may be required from you by your plan to process the request.

Right to Inspect and Copy Your Information. You have the right, in most cases, to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Plan's HIPAA Privacy Contact listed below. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing, or other unusual supplies associated with your request. Under Ohio and federal law, the Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Request an Amendment. If you feel that medical information about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Plan's HIPAA Privacy Contact listed below. You must provide reasons that support your request. If the Plan denies your request for any reason under state or federal law, the Plan will

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permit you to submit a written statement of disagreement to be kept with your PHI. The Plan may reasonably limit the length of such statement of disagreement.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain disclosures the Plan has made of medical information about you. This accounting will not include many routine disclosures including, but not limited to, those made to you or pursuant to your authorization, those made for treatment, payment and operations purposes as discussed above, those made for national security and intelligence purposes, and those made to law enforcement in compliance with law.

To request this list or accounting of disclosures, you must submit your request in writing to the Plan's HIPAA Privacy Contact listed below. Your request must state the time period that may not be longer than six (6) years prior to the date on which the accounting is requested. Your request should indicate in what form you want the list (paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice even if you have received it electronically. You may make your request to the Plan's HIPAA Privacy Contact below.

Right to Breach Notification. You have the right to notification if a breach of your unsecured PHI has occurred.

This Notice Is Subject To Change

The Plan reserves the right to change the terms of this notice and its privacy practices at any time. If such a change is made, the new terms and policies will be effective for all of the information that the Plan has about you as well as any information it may hold about you in the future, and will be posted at das.ohio.gov and may be provided by mail if required. If you want to ensure you have the latest version of this notice, you may contact the Plan's HIPAA Privacy Contact listed below.

Whom to Contact

If you believe your privacy rights have been violated, you may file a complaint with the Plan's HIPAA Privacy Contact listed below or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Secretary of US Department of Health and Human Services, contact the

Office of Civil Rights
US Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601.

Complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

Questions regarding this Notice may be directed to the Plan's HIPAA Privacy Contact:

DAS -- HIPAA Privacy Contact

30 E. Broad St., 27th Floor
Columbus, Ohio 43215
614-466-6205; email: gregory.pawlack@das.ohio.gov

NOTICE OF RIGHT TO ELECT COBRA CONTINUATION COVERAGE

What is COBRA Continuation Coverage?

On April 7, 1986, a federal law was enacted (Public Law 99-272, Title XI) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. You, your spouse and dependent children, if any, should all take the time to read the entire notice carefully.

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;

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- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

**If a covered child of the employee is enrolled in the plan pursuant to a qualified medical child support order (QMCSO) during the employee's period of employment, he or she is entitled to the same rights under COBRA as if he or she were the employee's dependent.*

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's is becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to your employer.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours

of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability: The 18 months may be extended to 29 months if a qualified beneficiary is determined by the Social Security Administration to be disabled (for Social Security disability purposes) at any time during the first 60 days of COBRA coverage. This 11-month extension is available to all individuals who are qualified beneficiaries due to a termination or reduction in hours of employment.

To benefit from this extension, a qualified beneficiary must notify the Plan Administrator or designated Plan Service Provider of the disability determination on or before 60 days from the COBRA start date, and before the end of the original 18-month period. If you do not notify the Plan Administrator or the designated Plan Service Provider within the required period of time, you may lose your right to the extension.

The affected individual must also notify the Plan Administrator or designated Plan Service Provider within 30 days of any final disability determination that the individual is no longer disabled. Coverage will end on the first of the month, following at least 30 days after the date of the Social Security final disability determination letter.

Second qualifying event extension of 18-month period of continuation coverage:

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Your Election Rights: When the Plan Administrator or designated Plan Service Provider is notified that one of these events has happened, they will in turn notify you that you have the right to choose continuation coverage. Under the law, you have at least 60 days from the date you would lose coverage (because of one of the events described above) to inform the Plan Administrator or the designated Plan Service Provider that you want continuation coverage. If you do not choose continuation coverage in a timely manner, your group health insurance coverage will end.

Coverage Rights: If you choose continuation coverage, the Plan is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members. Each covered person will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA

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continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

Maximum Period of Coverage: The law requires that you be afforded the opportunity to maintain continuation coverage for 36 months unless you lost group health coverage because of a termination of employment (for reasons other than gross misconduct) or reduction in hours. In that case, the required continuation coverage period is 18 months. These 18 months may be extended for affected individuals to 36 months from termination of employment if other events (such as a death, divorce, legal separation, or Medicare entitlement) occur during that 18-month period. In no event will continuation coverage last beyond 36 months from the date of the event that originally made a qualified beneficiary eligible to elect coverage.

California State Residence: Under California law, you may be eligible for a State mandated extension of benefits after your federally mandated COBRA period expires. California State laws allow an extension of COBRA benefits to a total of 36 months from the date of your qualifying event to Qualified Beneficiaries who begin COBRA coverage on or after January 1, 2003. You will be notified of this extension at the conclusion of your original COBRA coverage.

Flexible Spending Account or Medical Reimbursement Account: If you are participating in the company's Flexible Spending Account or Medical Reimbursement Account at the time of your termination or reduction of hours, you may also have the right to continue participation under COBRA based on the following parameters:

1. You will be allowed to continue coverage for the remainder of the current plan year if you have a balance remaining in your account at the time of your termination or reduction in hours;
2. You will not be able to receive reimbursements in excess of your original election amount in the account; and
3. You make monthly payments in the same amount as your regular payroll deductions while you were an active employee.

Adding Dependents to COBRA Coverage: A child who is born to or adopted by the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the Plan and the requirements of federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Plan Administrator or designated Plan Service Provider of the birth or adoption.

Expiration of COBRA Coverage: The law also provides that continuation coverage may be cut short for any of the following five reasons:

1. The state no longer provides group health coverage to any of its employees;
2. The premium for continuation coverage is not paid on time;
3. The qualified beneficiary becomes covered - after the date

he or she elects COBRA coverage - under another group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition he or she may have;

4. The qualified beneficiary becomes entitled to Medicare after the date he or she elects COBRA coverage;
5. The qualified beneficiary extends coverage for up to 29 months due to disability and there has been a final determination that the individual is no longer disabled.

Limits to Pre-Existing Conditions: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the extent to which group health plans may impose pre-existing condition limitations. These rules are generally effective for plan years beginning after June 30, 1997. HIPAA coordinates COBRA's other coverage cut-off rule with these new limits as follows:

- If you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA coverage cannot be terminated. However, if the other plan's pre-existing condition rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, the Plan may terminate your COBRA coverage.
- You do not have to show that you are insurable to choose continuation coverage. However, continuation coverage under COBRA is provided subject to your eligibility for coverage; the Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

Insurance Premiums: Under the law, you may have to pay all or part of the premium for your continuation coverage. You may also be required to pay a 2% administration fee above the cost of the premiums. If you are disabled, you may be required to pay 150% of the premium during the 11-month extension period.

Grace Period: There is a grace period of 30 days for payment of the regularly scheduled premium.

Conversion Coverage: At the end of the 18-month, 29-month or 36-month continuation coverage period, qualified beneficiaries may be allowed to enroll in an individual conversion health plan provided a conversion health plan is available to active employees. Please read your health plan benefits booklet or Summary Plan Description regarding any option for conversion coverage after the expiration of COBRA coverage. If there is an option for conversion to an individual policy, follow the instructions provided to apply for the coverage, as it would be separate coverage, and would not simply be an extension of COBRA coverage.

If You Have Questions

This notice does not fully describe continuation coverage or other rights under the Plan. More complete information regarding such rights is available from the plan contact identified below and throughout the summary plan description. Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under Employee Retirement Income

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Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act (PPACA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

COBRA contact information

If you have any questions about your rights to COBRA continuation coverage, you should contact:

UnitedHealthcare
P.O. Box 221709
Louisville, KY 40252

Customer Care Center
Toll Free: (877) 237-8576
email : cobra_kyoperations@uhc.com
www.uhcservices.com

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NOTICE

Federal law requires that group health plans allow certain employees and dependents special enrollment rights when they previously declined coverage and when they have new dependents. This law, the Health Insurance Portability and Accountability Act (HIPAA) also addresses the circumstances under which treatment for medical condition may be excluded from health plan coverage.

The information in this notice is intended to inform you, in a summary fashion, of your rights and obligations under these laws. You, your spouse and any dependents should all take the time to read the entire notice carefully.

Special Enrollments: If you decline enrollment for yourself or your dependents (including your spouse) because of having other health insurance or group health plan coverage at the time of your eligibility to participate, you may enroll yourself or your dependents at a future point, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days of such an event.

Obtaining Additional Information: If you need assistance in determining your rights under ERISA or HIPAA, you may contact your Plan Administrator or the U.S. Department of Labor by writing to the Chicago Regional office at 200 W. Adams Street, Suite 1600, Chicago, IL 60606, or by calling the Department at 312-353-0900.

If you have questions about this notice, please contact your Plan Administrator listed below:

State of Ohio
Department of Administrative Services
Benefits Administration Services
Medical Plan Benefits Manager
30 E. Broad St., 27th Floor
Columbus, Ohio 43215
(800) 409-1205 (option 2)

Also, if you have changed marital status, or if you, your spouse or any other qualified dependents have changed addresses, please notify your local Human Resources Representative.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998: NOTICE OF RIGHTS

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. The terms of WHCRA provide:

A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall provide, in a case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for:

1. all stages of reconstruction of the breast on which the mastectomy has been performed;
2. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. prostheses and physical complications of all stages of mastectomy, including lymphedemas;

in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage.

If you have any questions about the State of Ohio's plans provisions relating to the Women's Health and Breast Cancer Rights Act of 1998, contact HR Customer Service at 614-466-8857 (option 2) or 800-409-1205 (option 2).

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Under the provisions of The Women's and Newborns' Act, group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a Caesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal

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law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

PATIENT PROTECTION

The Ohio Med PPO generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, please see the contact numbers for Aetna, Anthem and Medical Mutual below.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna, Anthem or Medical Mutual or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Aetna, 800-949-3104; Anthem, 844-891-8359; or Medical Mutual, 800-822-1152.

CREDITABLE COVERAGE DISCLOSURE:

Important Notice from the State of Ohio About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the State of Ohio and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- The State of Ohio has determined that the prescription drug coverage offered by OptumRx is, on average for all plan participants, expected to pay out as much as standard

Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 through Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current State Of Ohio coverage will not be affected. The State of Ohio has determined that the prescription drug coverage offered by OptumRx is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Go to: das.ohio.gov/prescriptiondrug for more details on your prescription benefits.

If you decide to join a Medicare Drug Plan and drop your current state medical coverage, be aware that you and your dependents will not be able to get this coverage back unless you experience a qualifying event or sign up during Open Enrollment.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the State of Ohio and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current subscription prescription drug coverage...

Contact the person listed below for further information at 800-409-1205 (option 2).

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and

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if this coverage through the State of Ohio changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit: medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at: socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

July 1, 2016

State of Ohio

Ohio Department of Administrative Services
Benefits Administration Services
Prescription Drug Benefits Manager
30 E. Broad St., 27th Floor
Columbus, OH 43215
800-409-1205 (option 2)



Glossary

When reviewing information about your health care coverage options, it is helpful to understand some of the basic terms and concepts.

Benefit Year/Plan Year: The 12-month period from July 1 through June 30 during which services are rendered and your deductible and coinsurance are accumulated.

Biometric Screening: A private screening with a health professional that provides a snapshot of your health. The screening includes cholesterol (total), HDL, LDL, blood glucose, blood pressure, height, weight and waist circumference.

Change in Status/Qualifying Event: A change in your life that allows you to enroll or make an adjustment to your existing coverage. Examples include marriage, divorce, birth of a child or a change in job status for you or a dependent.

Coinurance: The percentage of eligible expenses that the health care plan pays after the annual deductible is met. For example, an 80 percent coinsurance rate means you pay 20 percent and the plan pays 80 percent.

Copay: A specified dollar amount you pay to a health care provider or pharmacy for eligible expenses such as office visits and prescriptions. Copays do not count toward your annual deductible.

Covered Person: The employee, the employee's spouse and/or dependent children who are eligible and enrolled under your health care plan.

Covered Services: Those services and supplies provided for the purpose of preventing, diagnosing or treating a medical condition, behavioral disorder, psychological injury or substance use addiction for which the plan will provide benefits.

Deductible: The amount you pay for eligible expenses each plan year before the plan begins to pay anything. This does not apply to preventive services covered at 100 percent.

Eligible Expense: The maximum amount on which payment is based for covered health care services. You may be required to pay a percentage of Eligible Expenses in the form of Coinsurance.

Employee Share or Contribution: The portion of the total premium that you pay through pre-tax payroll deductions for your coverage.

Exempt Employee: An appointment to a position not represented by a labor union. Employees are usually exempt from union representation because they are supervisors, in positions of a confidential or fiduciary nature or not in permanent appointments.

Flexible Spending Accounts (FSA): A type of savings account that provides the account holder with specific tax advantages. The account allows employees to contribute a portion of his or her regular earnings to pay for qualified expenses, such as for medical or dependent care. The two types of FSAs are health care spending accounts and dependent care spending accounts.

Out-of-pocket Maximum: The cap or maximum amount you pay for eligible out-of-pocket health care expenses during the plan year. After your out-of-pocket expenses reach the maximum, the plan pays 100 percent of any additional eligible expenses for the remainder of the plan year. There is a separate out-of-pocket maximum for prescription drugs.

Patient Protection and Affordable Care Act (also known as the Affordable Care Act or PPACA or simply ACA): The health reform legislation passed by Congress and signed into law in March 2010 by the president of the United States.

Preferred Provider Organization (PPO): A PPO is a medical plan that offers benefits at both network and non-network levels. When you enroll in the Ohio Med PPO, you may visit any doctor and receive benefits. However, the benefit is greater when you use network providers, but less when you use providers who are not part of the network.

State Share or Contribution: The portion of the total premium the State of Ohio pays to provide its employees with coverage.

Summary of Benefits and Coverage (SBC): A requirement of the Patient Protection and Affordable Care Act, the SBC is a concise four-page document that details simple and consistent information about health plan benefits and coverage. It will help you understand the basics of your coverage and allow you to compare any different coverage options you may have. It summarizes the key features of the plan, such as covered benefits, cost-sharing provisions, and limitations and exceptions. All insurance companies and group health plans must use the same standard SBC form. The SBC also contains a link to the required Uniform Glossary, which provides definitions of many commonly used health coverage and medical terms. For full details, visit das.ohio.gov/benefits. The SBC is listed along the right navigation pane under the Publications and Notices section.

Third-Party Administrator (TPA): An organization or company that processes claims and other aspects of employee benefits plans on behalf of an employer. For example, Aetna, Anthem and Medical Mutual will be the third-party administrators of the Ohio Med PPO beginning July 1, 2016.

Total Premium: The combination of the employee contribution and the state contribution.

Union-Represented Employee: Also known as a Bargaining Unit Employee, is represented by a labor union and covered by the terms of a collective bargaining agreement.

Well-Being 5 Survey: A confidential questionnaire that assesses your physical, emotional, financial and social health and how your lifestyle habits affect your overall well-being.

Well-Being Plan: A personalized summary of your overall well-being that offers personalized steps and recommendations.

Save the Dates

2016

May

- Open Enrollment begins May 2
- Open Enrollment ends May 13

June

- "Training Camp" Fitness Challenge ends June 12
- Benefit year ends June 30

July

- New benefit year begins July 1

October

- Flexible Spending Accounts Open Enrollment begins Oct. 17
- Flexible Spending Accounts Open Enrollment ends Oct. 28

November

- Great American Smokeout – Nov. 17

December

- Use your remaining Flexible Spending Accounts money by Dec. 31

2017

January

- New Flexible Spending Accounts plan year begins Jan. 1

February

- National Wear Red Day – Feb. 3

March

- 2016 Flexible Spending Accounts claims deadline – March 31





SERVICE · SUPPORT · SOLUTIONS
DEPARTMENT OF ADMINISTRATIVE SERVICES

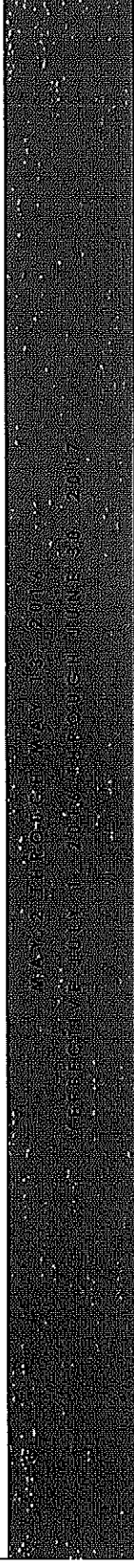
Ohio Department of Administrative Services
Human Resources Division
30 E. Broad St., 28th Floor
Columbus, Ohio 43215

2016 OPEN ENROLLMENT MAY 2-13



OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES + THE JOINT HEALTH CARE COMMITTEE

OPEN ENROLLMENT 2016



OHIO MED PPO PLAN

□ Three administrators will manage the Ohio Med PPO plan

- Aetna (AT)
- Anthem (AM)
- Medical Mutual (A1)
- The rate will be the same for all administrators
- Employees will automatically be assigned to the correct administrator
- All employees will receive new ID cards

IMPORTANT ADMINISTRATOR HIGHLIGHTS

- ❑ Employee contributions- 'Family w/Spouse', 'Family w/o Spouse', and 'Single' rates will be the same with all administrators
- ❑ Major benefit levels- Co-pays, deductibles, and out-of-pocket maximums will be the same with all administrators

MEDICAL RATES

☐ Rates are increasing

FULL-TIME EMPLOYEE MEDICAL DEDUCTIONS				
	FULL-TIME / BIWEEKLY PAID EMPLOYEE DEDUCTIONS ¹		FULL-TIME / MONTHLY PAID EMPLOYEE DEDUCTIONS ¹	
	Employee Share	State Share	Employee Share	State Share
Single	\$40.90	\$230.08	\$271.58	\$588.45
Family Minus Spouse	\$111.92	\$633.12	\$745.04	\$1,614.24
Family Plus Spouse ²	\$117.69	\$633.12	\$750.81	\$1,626.74

¹ These rates represent the total amount that will be deducted from your paycheck.
² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

PART-TIME EMPLOYEE MEDICAL DEDUCTIONS				
	PART-TIME BIWEEKLY DEDUCTIONS ¹ 50% TIER		PART-TIME BIWEEKLY DEDUCTIONS ¹ 0% TIER	
	Employee Share	State Share	Employee Share	State Share
Single	\$135.79	\$135.79	\$271.58	\$0.00
Family Minus Spouse	\$372.52	\$372.52	\$745.04	\$0.00
Family Plus Spouse ²	\$378.29	\$372.52	\$750.81	\$0.00

¹ These rates represent the total amount that will be deducted from your paycheck.
² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

DEPENDENT ELIGIBILITY

☐ Dependents may receive medical coverage up to age 26

- No student requirements
- Dependents may be married
- No financial or residency requirements for step children

☐ HB1 dependents are no longer eligible for medical coverage

OPTUM RX PRESCRIPTION COVERAGE

☐ ID Cards

- All employees will receive new prescription cards from OptumRx

☐ Specialty medications

- Specialty medications for serious medical conditions must be obtained from Brivoa Specialty Pharmacy.

☐ Preventative medications

- Certain preventative medications are required to be covered at no charge. All of these require a prescription and may have certain quantity and/or age restrictions.

BEHAVIORAL HEALTH

❑ Coverage is administered by Optum Behavioral Solutions

- The plan provides 24-hours-a-day, seven-days-a-week phone assessment and referral services.

❑ All employees and dependents enrolled in the state's medical plan are eligible for behavioral health coverage

- Participants can visit any provider, but will pay more for out-of-network providers and facilities.

DENTAL AND VISION

- ☐ Only one dental and vision plan offered
 - Delta Dental PPO
 - Vision Service Plan (VSP)
- ☐ Dependent eligibility for dental and vision coverage is NOT the same as medical
 - Dependent children are eligible up to age 23
 - Student certification is required
- ☐ You do not have to be enrolled in medical coverage to enroll in dental and vision coverage

TAKE CHARGE! LIVE WELL!

□ Wellness program

- Well-being assessment
- Biometric screening

□ Assistance programs

- Weight loss management
- Tobacco management
- Diabetes management

SUPPLEMENTAL LIFE INSURANCE

- ☐ You can purchase coverage during the open enrollment period to supplement the basic life insurance coverage the state provides.
- ☐ Supplemental life insurance is administered by Minnesota Life Insurance Company and may be purchased through payroll deduction.
- ☐ Dependents may be covered until their 26th birthday.

OPEN ENROLLMENT WEBSITE

□ DAS has provided detailed information on their website for the 2016 Open Enrollment. Please click on the link below to access the site:

<http://www.das.ohio.gov/OpenEnrollment>

QUESTIONS?

❑ If you have additional questions regarding your benefits, contact Jason Parsons at 466-4308.

From: Russell, Dustin
Sent: Tuesday, May 17, 2016 12:44 PM
To: Sarko, Alyssa
CC: Kasych, Shawn
Subject: SB 213 Caucus packets
Attachments: Bill Brief_SB 213 GAO.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Attached S.B. 213 Bill Brief for Caucus packets tonight.

I will be sending HB 37 Bill Brief to reflect senate changes for tonight later this afternoon.

-dr

Dustin Russell

Ohio House of Representatives
Majority Deputy Policy Director
466-2179



Think Green!

Please do not print this e-mail unless absolutely necessary.

Updated May 17, 2016

S.B. 213 JORDAN/TAVARES
To make changes to the Cosmetology Licensing Law

House Co-Sponsors: Brown, Green

Senate Co-Sponsors: Beagle, Brown, Eklund, Uecker, Yuko, Coley, Burke, Faber, Hite, Hughes, Jones, Obhof, Peterson

Bill History

- 9/23/2015 – Introduced
- 1/26/2016 – **REPORTED** Government Oversight and Reform (3 hearings; 11-0)
- 2/10/2016 – **PASSED BY SENATE** (32-0)
- 2/16/2016 – Referred to House Government Accountability and Oversight
- 5/03/2016 – **BILL AMENDED**
- 5/10/2016 – **REPORTED** Government Accountability and Oversight (4 hearings; 12-0)
- 5/18/2016 – *House Floor Vote Pending*

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Tony Fiore, Ohio Salon Association		

Key Provisions

- Establishes “boutique services” as a separate branch of cosmetology and requires each individual wishing to practice that branch to register with the State Board of Cosmetology
- Prohibits an individual from practicing a branch of cosmetology in a location other than a licensed facility unless the individual is exempt from the Cosmetology Law.
- Prohibits an individual from using cosmetology to treat or attempt to cure a physical or mental disease or ailment.
- Creates additional penalties for an individual who uses or possesses a prohibited substance at a school of cosmetology or salon.
- Requires an applicant for a salon operator’s license to affirm that the applicant will post a toll-free number and online process for customers to report violations of the Cosmetology Law and to ensure compliance with the bill’s apprenticeship requirement.
- Eliminates “managing” cosmetology licenses and eliminates the requirement that every salon have a managing cosmetologist present to supervise at the salon when the salon is open for business.
- Creates “advanced” cosmetology licenses, which are largely similar to the eliminated managing cosmetology licenses.
- Modifies application and licensing procedures for licenses issued by the Board.
- Increases various fees charged by the Board.
- Permits the Board to develop and administer its own examinations or to contract with a national testing service to develop or administer the examinations.

Updated May 17, 2016

- Makes the following grounds for licensee discipline: a conviction of or plea of guilty to a human trafficking violation, failure to cooperate with an investigation or inspection, or failure to respond to a subpoena.
- In certain circumstances, allows the Board to take disciplinary action against a licensee without conducting an adjudication hearing.
- Modifies the fines that may be issued for violations of the Cosmetology Law.
- Requires continuing education for licensees to include training on identifying and addressing human trafficking, safety and sanitation, and law and rule updates.
- Allows the Board to investigate and inspect individuals and premises of a person who is alleged to have violated the Cosmetology Law, regardless of whether that person is licensed by the Board.
- Requires the Board to issue a pre-examination work permit to an individual seeking an instructor license.
- Requires the Board to provide a toll-free number and online service to receive complaints of violations of the Cosmetology Law.
- Expands the Board's hiring authority by allowing the Board to hire other individuals necessary for the administration of the Cosmetology Law.
- Adds two individuals to the Board's membership
- Requires the Board to issue a rule with respect to the timing of licensure examination for students who have not yet completed education.
- Expands the list of activities covered under the practice of esthetics to include enhancement of the skin by skin care, facials, body treatments, hair removal and other treatments; and eye lash extension services.
- Clarifies the list of activities covered by the practice of manicuring
- Makes other changes to the Cosmetology Law

Additional Information

- **Amendments accepted in committee: AM 2136x1 (Green)** Removed the \$10 Boutique Services registration fee; Clarifies shampooing service to be done under the supervision of a licensee of this chapter; Clarifies that an applicant for an instructor license must pass the exam; Removes language regarding taking examinations before completion of education coursework; Revert to current law for advanced license training hours; Creates a pre-examination work permit for instructors and provides that after fifteen years from the creation of examination questions used in the testing process is considered a public record
- **Policy Advisor:** Dustin Russell, Majority Deputy Policy Director, 614-466-2179, dustin.russell@ohiohouse.gov name, phone, email
- **House Companion Bill:** H.B. 227 (Roegner/Reece) Received 5 hearings; reported unanimous to mirror S.B. 213 language
- **Other info:** Greg Lawson, Buckeye Institute provided interested party testimony on H.B. 227 that reflects changes made in S.B. 213

From: Sarko, Alyssa
Sent: Tuesday, May 17, 2016 1:35 PM
To: Russell, Dustin
CC: Kasych, Shawn
Subject: RE: SB 213 Caucus packets

Got it. Thanks!

Alyssa Sarko

Director of the Speaker's Office

Office of Speaker Clifford A. Rosenberger

77 S. High St., 14th Floor | Columbus, OH 43215

Alyssa.sarko@ohiohouse.gov | 614.466.0536

From: Russell, Dustin
Sent: Tuesday, May 17, 2016 12:44 PM
To: Sarko, Alyssa
Cc: Kasych, Shawn
Subject: SB 213 Caucus packets

Attached S.B. 213 Bill Brief for Caucus packets tonight.

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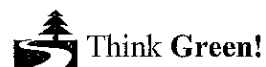
-dr

Dustin Russell

Ohio House of Representatives

Majority Deputy Policy Director

466-2179



Please do not print this e-mail unless absolutely necessary.

From: Kasych, Shawn

Sent: Tuesday, May 17, 2016 1:50 PM

To: Sarko, Alyssa

Subject: wow.

Attachments: HB 334 (Buchy) - Bill Briefing.docx; S.B. 215 (SENS. HUGHES,LAROSE) -- Immunity from foricble entry.docx; Bill Briefing (SB 188 - Seitz, Tavares).docx; HB 130 (Duffey) - Bill Briefing.docx; HB 490_TerharJohnson.docx; Bill Briefing (HB 455 - Patterson, Roegner).docx; HB 435 Bill Briefing.docx; Bill Briefing (HB 423 - Perales).docx; H.B. 432 (REPS. CUPP, REZABEK) Probate Law Update.docx; Bill Briefing (HB 172 - Barnes).docx; Bill Briefing (HCR 10 - Burkley).docx; H.B. 388.docx; HB421_LaTourette.docx; Bill Briefing (HB 447 - Schuring, Slesnick).docx; HB 438 Bill Brief.docx; Bill Briefing (HB 449 - Romanchuk, Amstutz).docx; HCR 28 - Green - President sign Toxic Exposure Research Act of 2015.docx; Bill Briefing (HB 341 - Young. Sweeney).docx; Sub HB 63 Bill Brief.pdf; HB37.docx; HCR 33 Scherer - Hopewell Ceremonial Earthworks UNESCO World Heritage Site.docx; HCR 29 - Opposes EPA's Clean Power Plan.docx; Bill Brief_SB 213 GAO.pdf

Follow Up Flag: Follow up

Flag Status: Completed

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H.B. 334 (BUCHY)

Sales tax exemption-nonprofit organization gym membership

House Co-Sponsors: Amstutz, Antonio, Barnes, Becker, Boyce, Bishoff, Curtin, Derickson, Dever, DeVitis, Hagan, Hall, Hood, LaTourette, Maag, Manning, Patmon, Perales, Retherford, Rezabek, Ruhl, Schaffer, Slaby, Sprague, Stinziano, Sykes, Thompson, Vitale

Senate Co-Sponsors: n/a

Bill History

- 2/24/2016 – Reported (19-0) by House Ways & Means Committee (3 hearings)

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Ed Bohren, CEO of the Licking County Family YMCA and immediate past chair of the Ohio Alliance of YMCAs,• Carol Folkerth, executive director of the Jewish Community Center of Greater Columbus	<ul style="list-style-type: none">• <i>No witnesses have testified</i>	<ul style="list-style-type: none">• <i>County Commissioners Association of Ohio (written testimony)</i>

Key Provisions (Excerpted from LSC Bill Analysis as Reported By Committee)

- Exempts from sales and use tax memberships to gyms or other recreational or sports club facilities operated by nonprofit charitable organizations.

Additional Information

- **Amendments accepted in committee:** *no amendments*
- **Policy Advisor:** Heather Blessing, 614.466.9194 (Office); 614.352.5819 (Cell); heather.blessing@ohiohouse.gov

S.B. 215 (SENS. HUGHES/LAROSE)

Forcibly enter motor vehicle-rescue minor/animal-immunity

Co-Sponsors: Sen. Joe Uecker, Sen. Kevin Bacon, Sen. Bill Beagle, Sen. Dave Burke, Sen. Bill Coley, Sen. Randy Gardner, Sen. Cliff Hite, Sen. Jay Hottinger, Sen. Shannon Jones, Sen. Kris Jordan, Sen. Peggy Lehner, Sen. Gayle Manning, Sen. Larry Obhof, Sen. Tom Patton, Sen. Tom Sawyer, Sen. Joe Schiavoni, Sen. Charleta B. Tavares, Sen. Cecil Thomas, Sen. Kenny Yuko, Rep. Nicholas J. Celebrezze

Bill History

- 2/10/2016 — Senate Floor Vote (33-0)
- 5/3/2016 – House Judiciary Committee Report (13-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• The Ohio Medical Association• The Ohio Association for Justice• Ohio Voters for Companion Animals• Nationwide Children's Hospital• American Society for the Prevention of Cruelty to Animals• American Academy of Pediatrics• Akron Children's Hospital	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•

Key Provisions

- Provides immunity from civil liability for any damage resulting from the forcible entry of a motor vehicle for the purpose of removing a minor or an

animal if the person has a good faith belief that forcible entry is necessary because the minor or the animal is in imminent danger of suffering harm and the person follows other certain specified procedures.

- Specifies that a person is not immune from civil liability if the person's actions constitute recklessness or willful or wanton misconduct with regard to the forcible entry of the motor vehicle.

Additional Information

- **Policy Advisor:** Scott Lundregan, 466-1460,
Scott.Lundregan@OhioHouse.gov

S.B. 188 (SEITZ, TAVARES)

Genocide Awareness Month-April

Senate Co-Sponsors: Balderson, Uecker, Cafaro, Bacon, Beagle, Hite, Obhof, Eklund, Brown, Burke, Coley, Faber, Gardner, Hughes, Jones, Jordan, LaRose, Lehner, Manning, Oelslager, Patton, Peterson, Sawyer, Schiavoni, Skindell, Thomas, Widener, Williams, Yuko

Bill History

- 6/18/15 – Introduced in Senate
- 10/21/15 – Reported by Senate Criminal Justice Committee (3 Hearings), (10-0)
- 11/17/15 – Senate Floor Vote (31-0)
- 4/28/16 – Reported by House State Government Committee (2 Hearings), (12-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Howie Beigelman (Ohio Jewish Communities)• Daniel Hoffheimer (private citizen)		<ul style="list-style-type: none">• Adil Baguirov and Islom Shakhbandarov (private citizens)

Key Provisions

- Designates the month of April as "Genocide Awareness Month."

Additional Information

- **Policy Advisor:** Marisa Myers, 614-728-5523, Marisa.Myers@ohiohouse.gov

SUB. H.B. 130 (DUFFEY, HAGAN)

Public information-accessibility/public office uniform accounting

House Co-Sponsors: Amstutz, Henne, Perales, Ruhl, Maag, Blessing, Retherford, Bishoff, Brown, Brenner, Hackett, Leland

Senate Co-Sponsors: n/a

Bill History

- 3/24/15 – Introduced
- 6/17/15 – Reported by House State Government (12-0)
- 4/20/16 – Pending report by House Finance Committee (3 hearings)

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"> • Ohio Newspaper Association Executive Director Dennis Hetzel, • Ohio State University associate professor David Landsbergen • OSU Professor Edward Hill • Ohio Municipal League Legislative Advocate Josh Brown • Jung Kim, co-chair of the Columbus Regional Data Site Task Force • Nancy Reger, director of regional data & mapping at the Mid-Ohio Regional Planning Commission • Lindsey Gardiner, manager of government affairs at the Greater Ohio Policy Center • Gene Krebs, who sits on the Local Government Innovation Council, • Greg Lawson, the statehouse liaison for the Buckeye Institute for Public Policy Solutions • David Landsbergen, an associate professor in the John Glenn College of Public Affairs at Ohio State • OpenNEO Executive Director Beth Sebian • Shawn Busken, legislative director for the Auditor of State's office • The Sunlight Foundation and the Data Transparency Coalition • Ohio Environmental Council • Ohio Municipal League Legislative Advocate 	<ul style="list-style-type: none"> • <i>No witnesses have testified</i> 	<ul style="list-style-type: none"> • <i>No witnesses have testified</i>

Josh Brown		
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Key Provisions (from LSC Bill Analysis, As Re-Referred By House Committee)

- **DataOhio Board**
 - Creates the DataOhio Board, which is required to make recommendations to the General Assembly regarding online access to public records and data sets of public records, and to recommend other standards for data.
 - Requires the DataOhio Board to deliver a report of its findings and recommendations to the General Assembly not later than March 31 each year.
- **Online public record access**
 - Requires, under the Public Records Act, a public office that posts public records on its website or a state website to make its best efforts to post the records in an open format.
 - Specifies that a public office is not required to post public records to a website.
 - Requires a public office that posts public records online to state in its public records policy which public records the public office posts online, and to submit this statement to the DataOhio Board.
- **Website of public records**
 - Establishes a website, data.Ohio.gov, that is to function as an online catalog of the public records and public records data sets of public offices; the website is to be established, administered, and operated by the Auditor of State, in consultation with the State Librarian.
- **Uniform accounting procedures and charts of accounts**
 - Requires the Auditor of State, by rule, to establish uniform accounting procedures and charts of accounts for use by all public offices; their use is not required.
 - Awards public offices that use these accounting procedures and charts of accounts with a "DataOhio Transparency Award – Uniformity of Accounting."
 - Appropriates operating expenses of \$350,000 in FY 2017 to the Auditor of State to be used to develop a uniform chart of accounts, establish uniform accounting procedures, and adopt rules for their implementation by all public offices.
- **Local Government Information Exchange Grant Program**
 - Creates the Local Government Information Exchange Grant Program to enable a county, township, municipal corporation, or public library, or a regional planning commission, metropolitan planning organization, or regional council of governments applying on their behalf, to post on the Internet data that meets the Program's requirements.
 - Requires the State Librarian to administer, and to adopt rules for, the Program, including grant eligibility criteria and specifications for consistent formatting.

- Requires the State Librarian to disburse a \$10,000 grant to each applicant that meets the grant eligibility criteria, but specifies that the total amount of grants awarded cannot exceed the amount that can be funded with appropriations made by the General Assembly for the Program.
- States that the Program does not prohibit a grantee who received a grant from pooling the grant with other grants received under the Program by other grantees.
- Appropriates \$12.5 million in FY 2016 and \$12.5 million in FY 2017 to the State Library Board; up to \$250,000 in each fiscal year is to be used by the State Librarian for the administration and maintenance of the Program, with the remainder to be used by the State Librarian to disburse grant awards to eligible grantees.

Additional Information

- **Policy Advisor:** Heather Blessing, 614.466.9194 (Office); 614.352.5819 (Cell); heather.blessing@ohiohouse.gov

H.B. 490 (TERHAR AND JOHNSON)
Omphalocele Awareness Day-January 31

House Co-Sponsors: Representatives Blessing, Huffman, Rogers, Schaffer, Sprague, Sweeney, Antonio, Barnes, Bishoff, Brown, Butler, Ginter, Kuhns, Lepore-Hagan, Ramos, Sykes

Bill History

- 4/27/2016 – Health House Committee (2 Hearings), (19-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Danielle Spears• Dr. Foong-Yen Lim		

Key Provisions

- The bill designates January 31 as "Omphalocele Awareness Day" to raise public awareness and encourage medical research on this birth defect.¹ Omphalocele is a birth defect of the abdominal wall that causes an infant's intestines, liver, or other organs stick outside of the belly through the belly button. The organs are covered in a thin, nearly transparent sac that hardly ever is open or broken. The Centers for Disease Control and Prevention estimates that each year about 775 babies in the United States are born with an omphalocele. The causes of omphalocele among most infants are unknown.

Additional Information

- **Policy Advisor:** Kelly Reidenbach, (330) 421-0527, kelly.reidenbach@ohiohouse.gov

H.B. 455 (PATTERSON, ROEGNER)
Boarding school-traffic zone-special speed limit

House Co-Sponsors: M. O'Brien, Rogers, Arndt

Bill History

- 2/9/16 – Introduced
- 5/4/16 – Reported by House Local Government Committee (4 Hearings), (12-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Dan Dodd (Ohio Association of Independent Schools)• Tim Viands (Grand River Academy)		

Key Provisions

- Authorizes the legislative authority of a municipal corporation or township in which a boarding school is located to establish a "boarding school zone."
- Allows the legislative authority to alter the speed limit on any street or highway within the "boarding school zone" and to specify the hours during which the altered speed limit is in effect.

Additional Information

- **Policy Advisor:** Marisa Myers, 614-728-5523, Marisa.Myers@ohiohouse.gov

H.B. 435 (McCLAIN)

Loans to public entities-permanent improvements-state finance

House Co-Sponsors: Blessing, Ruhl, Grossman, Hambley, Reineke, Sheehy, Smith, K.

Bill History

- 4/27/2016 – House Financial Institutions, Housing, and Urban Development Committee (4 Hearings), (12-0)
- 5/18/2016 – House Floor Vote (*pending*)

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"> • Seth Metcalf (<i>State Treasurer of Ohio, Josh Mandel</i>) 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None

Key Provisions

- Establishes procedures in which the Treasurer of State can issue and purchase obligations for the purpose of providing loans to qualifying public entities.
- Creates a State Bond Bank.
- Creates the State Bond Bank Trust Fund.
- Permits the Treasurer to adopt rules with respect to secure payment of bond service charges on obligations.
- Establishes bond proceedings for obligations issued under the bill.
- Establishes procedures regarding pooled obligations.
- Requires a qualified entity to waive defenses regarding nonpayment of obligations.
- Authorizes the Treasurer to issue bond anticipation notes to further the purpose of the bill.
- Establishes methods for the refunding of obligations.
- Permits owners of obligations or a provider of a credit enhancement facility to protect and enforce their rights.
- Provides a list of persons and entities permitted to invest in the obligations under the bill.

Additional Information

- **Substitute Bill accepted in committee:** [*LSC 131 1357-2, Hambley*]
 - Requires the procedure by which the Treasurer may adopt rules to secure payment of bond service charges on obligations to be described in the bond proceedings
 - Clarifies that a reference to “their denominations” is referring to the denominations of the obligations
 - Requires bond proceedings to include the method of sale of the obligations and the authority to retain necessary professionals to complete a revenue obligation sale or issuance

- Requires the Treasurer to create groups for the pooled issuances authorized by the bill so that the public obligations of qualifying entities that are purchased with the proceeds of a particular revenue obligation issuance of the state bond bank are of similar quality
- Allows the Treasurer to allow an obligation of a qualified entity to be included in a group of a different quality obligation with the consent of all the qualifying entities participating in that group
- Establishes that once a qualified entity sells and delivers a public obligation to the State Bond Bank, the it is considered to have agreed to waive all defenses to nonpayment for failure to pay interest or principle on the public obligation
- **Policy Advisor:** Steven Alexander, 614-466-0891, steven.alexander@ohiohouse.gov

H.B. 423 (PERALES)

Order to active military service-not public record

House Co-Sponsors: Butler, Hackett, Henne, T. Johnson, M. O'Brien, S. O'Brien, Landis, Retherford, Rezabek, Schaffer, Terhar, Hambley

Bill History

- 1/7/16 – Introduced
- 5/12/16 – Reported by House State Government Committee (4 Hearings), (13-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Suzette Price (American Legion Dept. of Ohio)• Merle Pratt (AMVETS)• Matthew DeTemple (Ohio Township Association)• Suzanne Dulaney (County Commissioners Association of Ohio)• Gregory Rogers (private citizen)		<ul style="list-style-type: none">• Dennis Hetzel (Ohio Newspaper Association)

Key Provisions

- Exempts from disclosure under the Public Records Act orders for active military service or other documentation about the call to order of an individual serving or with previous service in the United States Armed Forces and their reserves, and in the Ohio organized militia.

Additional Information

- **Amendments accepted in committee:**
 - AM2225 (Perales): Adds that military orders or other related documentation becomes a public record after 15 years.
- **Policy Advisor:** Marisa Myers, 614-728-5523, Marisa.Myers@ohiohouse.gov

H.B. 432 (REPS. CUPP/REZABEK)

To revise the law governing decedent's estates by making changes in the Ohio Trust Code, the Probate Law, the Uniform Principal and Income Act, the Transfers to Minors Act, and the Uniform Simultaneous Death Act.

Bill History

- 4/12/2015 – House Judiciary Committee Favorably Reports (11-1 (Antani-No))
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• The Ohio Judicial Conference• The Ohio Clerk of Courts Association• Franklin County Probate Judge Robert Montgomery• The Ohio State Bar Association	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•

Key Provisions

Probate Law

- Specifies that a will deposited by or for the testator in the office of the judge of the probate court of the county in which the testator lives may be so deposited before or after the testator's death and if after such death, with or without applying for its probate.
- Increases the fee for the deposit of the will from \$5 to \$25 and specifies that the fee is to be paid to the court.
- Authorizes a probate judge to dispose of a deposited will after 100 years if it is not delivered or disposed as provided in continuing law, and requires the judge to keep an electronic copy of the will prior to such disposal.
- Specifies that a deposited will generally is not a public record until the time an application is filed to probate it.

- Provides that property devised or bequeathed to a beneficiary in a will who knows of the will's existence for one year after the testator's death and, without reasonable cause, intentionally conceals or withholds it or refuses to cause it to be offered for probate passes as if the beneficiary predeceased the testator.
- Provides that a provision in a will or governing instrument apportioning tax to an interest that is otherwise allowable as an estate tax marital or charitable deduction is ineffective unless it refers to such deduction and expressly acknowledges and accepts any resultant partial loss of the deduction.
- Modifies the number of automobiles that may be selected by a surviving spouse upon the other spouse's death from a maximum of two automobiles under current law to "one or more" automobiles.
- Increases the maximum total value of the automobiles that may be selected by the surviving spouse from \$40,000 to \$65,000.

Uniform Simultaneous Death Act (USDA)

- Substantially retains current law that generally provides, for purposes of the probate law or governing instruments, that an individual who is not established by clear and convincing evidence to have survived the other individual or an event by 120 hours is deemed to have predeceased the other individual or event.
- Generally provides that if it is not established by clear and convincing evidence that one of two co-owners with right of survivorship survived the other co-owner by 120 hours, one-half of the property passes as if one co-owner survived the other by 120 hours and one-half passes as if the other co-owner survived the one by 120 hours.
- Generally provides that if there are more than two co-owners with right of survivorship and it is not established by clear and convincing evidence that at least one of the co-owners survived the others by 120 hours, the property passes in the proportion that one co-owner's ownership bears to all the co-owners' ownership.
- Substantially retains, with structural changes, the existing conditions for which survival by 120 hours is not required.
- Expands current law specifying the instances in which a payor or other third party is either liable or not liable for a payment made or an item of property or benefit transferred under the USDA.
- Provides that the bill does not impair any act done in any proceeding, or any right that accrued, before its effective date.

Intestate succession

- Specifies in intestate succession that a person described as living means the person was living at the time of the intestate's death and lived for at least 120 hours after such death, and a person is described as having died if the person died before the intestate or failed to live for at least 120 hours after the intestate's death.
- Provides that no descendant of an intestate inherits under the law on descent and distribution unless surviving the intestate for at least 120 hours, or unless born within 300 days after the intestate's death and living for at least 120 hours after birth.

Ohio Trust Code

- Provides that the Trust Code requirements for interested parties to enter into private settlement agreements regarding trust matters generally do not apply to agreements amending the governing instrument of charitable remainder trusts that require the approval of the Attorney General under continuing law.
- Specifies that an action under the Trust Code is a civil action subject to the Rules of Civil Procedure and is commenced by filing a complaint unless it involves a testamentary or other trust already subject to court supervision.
- Authorizes the holder of a limited testamentary power of appointment to also represent persons whose interests as possible appointees are subject to the power, to the extent no conflict of interest exists between the holder and the persons represented with respect to the particular question.
- Authorizes an agent under a power of attorney to create a trust for the principal, whether or not the principal has capacity to create the trust and indicates an intention to create the trust, but only as provided in the Uniform Power of Attorney Act.

Uniform Principal and Income Act (UPIA)

- Replaces current law with the following rules that generally apply in determining the allocation of a payment from a separate fund to a trust for which an election to qualify for a marital deduction is made or a trust that qualifies for the marital deduction under the Internal Revenue Code (IRC):
- A trustee must allocate a payment from a separate fund to income to the extent of the fund's internal income and distribute that amount to the surviving spouse, and allocate the balance to principal.
- If the trustee cannot determine the fund's internal income but can determine its value, the internal income is deemed to equal 4% of its value according to the most recent statement of value preceding the start of the accounting period.

- If the trustee cannot determine the fund's internal income or its value, the internal income is determined according to a formula in the IRC on the valuation tables for annuities.
- Specifies the applicable dates in which those new rules would apply depending on when or whether a payment has been received from a separate fund in relation to the bill's effective date or January 1 of the year the bill takes effect.
- Eliminates the current provision regarding the fiduciary duty of the trustee of a trust that qualifies for an estate tax marital deduction and is the beneficiary of an individual retirement account to withdraw and distribute the income of the account to the settlor's or testator's surviving spouse, and the satisfaction of that duty.
- Clarifies current law regarding the source of payment of income taxes paid by a trustee on the trust's share of an entity's taxable income, from income or principal or proportionately from principal and income depending upon the allocation of the receipts from the entity.

Ohio Transfers to Minors Act (OTMA)

- Generally permits the delay of the time for delivery to the minor of transferred custodial property until a specified time after the minor becomes 21, which time must be specified in the written instrument that provides for the gift or transfer.
- Generally provides that the time for delivery to the minor of custodial property transferred under a will, trust, or irrevocable exercise of a testamentary power of appointment may be delayed only if such instrument provides that the custodianship is until the minor attains a specified age which cannot be later than 25 years.
- Except in regard to the transfer of custodial real property, specifically permits a donor, transferor, trustee, executor, or administrator to designate one or more successor custodians.
- Permits a custodian to designate one or more successor custodians by transferring the custodial property, other than real estate, to self as custodian, followed by the designation of the successor custodian or custodians.
- Provides that the designation by a custodian of a successor custodian of custodial real estate is pursuant to the law on transfer on death of real property.
- Expands current law by providing that if no eligible successor custodian is designated under the OTMA as modified by the bill, the legal representative of a custodian who is deceased or adjudged to be an incompetent may designate a successor custodian.

- Raises the threshold amount from \$10,000 to \$25,000 for a transfer to be authorized by a court if a trustee, executor, or administrator makes a transfer of property that is in the minor's best interest and is not prohibited by or inconsistent with the applicable governing instrument.

Sale of estate's real property by guardian

- Expands current law by providing another method for a guardian to sell the estate's real property in which written consents of the ward's spouse and potential heirs to the sale must be filed with the court, the sale price must be at least 80% of the appraised value, and the guardian must give a bond.

Franklin County guardianship program

- Authorizes the Franklin County Probate Court to charge fees for certain services rendered in connection with the establishment and management of adult guardianships.
- Eliminates the authority of the Franklin County Probate Court to appoint the members and director of the Franklin County Guardianship Service Board as guardians and authorizes the Court to appoint the Board itself as guardian.
- Permits the director or designee of the Franklin County Guardianship Service Board to act on behalf of the Board on all guardianship matters, and authorizes the Board to charge a reasonable fee approved by the probate judge for services to wards.

Court and court clerk's computerization fees

- Raises the additional maximum filing fee from \$3 to \$6 that the following courts may require to computerize the court or make available computerized legal research services: the probate court, domestic relations court, juvenile court, municipal court, county court, and Cuyahoga County Juvenile Court.
- Raises the additional maximum filing fee from \$10 to \$20 that any of the above courts may require to computerize the office of the clerk of court and to make technological advances in the office.

Transfer of structured settlement payment rights

- Eliminates the current authority of a probate court, and the procedure, to approve an application for the transfer of structured settlement payment rights if the structured settlement agreement was not approved by an Ohio court.

Additional Information

- **Policy Advisor:** Scott Lundregan, (614) 466-1460, Scott.Lundregan@OhioHouse.gov
- **Amendment Accepted in Committee:**
 - Spousal Vehicle Transfer – At the request of the Ohio Clerks of Court ORC Section 2106.18 was amended to permit a surviving spouse to elect to take ownership of a vehicle from the decedent in excess of the current aggregate amount of \$40,000 (with no more than 2 vehicles permitted to transfer). This increases the amount to \$65,000 so a grieving spouse need not go through the hassles of probating an estate if their vehicle has a FMV in excess of \$40,000 (but less than \$65,000).
 - Parity for Court Computerization Fees – At the request of the Ohio Judicial Conference, an amendment was adopted to re-establish consistency among courts as to computerization fees. House Bill 197 from the 129th General Assembly (Eff. March 22, 2013) raised these fees from \$3.00 to \$6.00 for common pleas general division courts, but the definition utilized did not include all courts. The amendment makes it the higher cap on the permissible fee available to all courts.
 - Franklin County Guardianship Services Board. – At request of the Ohio Judicial Conference and Franklin Probate Judge Montgomery an amendment to ORC Section 2101.026 was adopted to clarify that the Franklin County Services Board itself (rather than the director or board members) is to be the named guardian, with the director and any designee of the director acting on the Board's behalf. Also, the probate court must approve any fee charged by the Board for services to the ward.
- **Amendment Accepted in Committee; But Removed in Rules Committee:**
 - Out of State Structured Settlements – To resolve issues which have arisen regarding the transfer of structured settlement payment rights from structured settlements created and approved in states outside of Ohio, an amendment from the Ohio Judicial Conference was adopted to remove jurisdiction of Ohio courts over such transfer requests to eliminate judicial forum shopping.

Updated October 24, 2018

SUB H.B. 172 (BARNES)
Fair and Accurate Reporting of Criminal Records Act

House Co-Sponsors: NA

Bill History

- 4/28/15 – Introduced
- 4/19/16 – Passed House Commerce and Labor Committee (6 Hearings), (11-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
	<ul style="list-style-type: none">• Eric Ellman (Consumer Data Industry Association) (As Introduced)	<ul style="list-style-type: none">• Gary Daniels (ACLU of Ohio)• Holly Nagle (Consumer Data Industry Association) (Substitute Version)

Key Provisions

- Prohibits a person engaged in publishing or otherwise disseminating criminal record information through a print or electronic medium from negligently soliciting or accepting from a subject individual the payment of a fee or other consideration to remove, correct, modify, or refrain from publishing or otherwise disseminating criminal record information.
- Makes a violation of the prohibition a first degree misdemeanor.
- Makes each payment solicited or accepted in violation of the prohibition a separate violation.
- Specifies that, in a lawsuit for damages for a criminal act under continuing law, a subject individual who suffers a loss or harm as a result of a violation may be awarded \$10,000 or actual and punitive damages, whichever is greater, and reasonable attorney's fees, court costs, and any other remedies provided by law.
- Specifies that humiliation or embarrassment is adequate to show that the plaintiff has incurred damages in a lawsuit, and does not require physical manifestation of either humiliation or embarrassment to be necessary for damages to be shown.
- Defines "criminal record information" as a booking photograph or the name, address, charges filed, or description of a subject individual who is asserted or implied to have engaged in illegal conduct.
- Defines "subject individual" as any individual who was arrested and had the subject individual's photograph taken by a law enforcement agency during the processing of the arrest.

Additional Information

- **Policy Advisor:** Marisa Myers, 614-728-5523, Marisa.Myers@ohiohouse.gov

H.C.R. 10 (BURKLEY)

To urge the Office of the United States Trade Representative to ensure that no World Trade Organization rules are violated in regard to government funding of the McInnis cement and the Port-Daniel-Gascons cement plant in Quebec, Canada.

House Co-Sponsors: NA

Bill History

- 3/24/15 – Introduced
- 5/11/16 – Reported by House Commerce and Labor Committee (4 Hearings), (15-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Jason Griffin and Jeff Scott (LafargeHolcim)• Jerry Zielke (Paulding County)		

Key Provisions

- WHEREAS, The cement industry is a major employer and economic supporter in Northwest Ohio as well as the entire state; and
- WHEREAS, McInnis Cement is partially owned by the Quebec government and has received government assistance for the construction of the Port-Daniel-Gascons cement plant in Quebec, Canada. To wit, the Quebec government has authorized a C\$250 million guaranteed loan to McInnis Cement and an additional C\$100 million equity investment in the company from Investissement Quebec, in addition to other support from public sources, including another C\$100 million equity investment from the Caisse de depot et placement du Quebec; and
- WHEREAS, The cement market in Quebec is already oversaturated, and the stated purpose of the Port-Daniel-Gascons cement plant is not to supply Canadian projects but to ship the vast majority of its production into the United States; and
- WHEREAS, Ohio's private cement industry should not have to compete with a taxpayer-funded operation based on foreign soil. The new cement plant will take market share and potential jobs from hardworking Ohio residents; now therefore be it
- RESOLVED, That we, the members of the 131st General Assembly of the State of Ohio, on behalf of all citizens of this state, urge the Office of the United States Trade Representative to ensure that no World Trade Organization rules are

violated in regard to government funding of the McInnis Cement and the Port-Daniel-Gascons cement plant in Quebec, Canada; and be it further

- RESOLVED, That the Clerk of the House of Representatives transmit duly authenticated copies of this resolution to the President of the United States, the Office of the United States Trade Representative, each member of the Ohio Congressional delegation, and the news media of Ohio.

Additional Information

- **Policy Advisor:** Marisa Myers, 614-728-5523, Marisa.Myers@ohiohouse.gov

H.B. 388 (SCHERER)
OVI-ignition interlock devices/modify penalties
House Co-Sponsors: Johnson, T., Anielski, Arndt, Landis, Young, Zeltwanger

Bill History

- 4/13/2016 – House Armed Services, Veterans Affairs, and Public Safety Committee (4 Hearings), (12-1)
- House Floor Vote (*pending*)

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"> • Doug Scoles (<i>Mothers Against Drunk Driving</i>) • John DiPietro (<i>Mothers Against Drunk Driving</i>) • Colleen Sheehey-Church (<i>Mothers Against Drunk Driving</i>) • Andrea Rehkamp (<i>Mothers Against Drunk Driving</i>) 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None

Key Provisions

- This analysis was prepared before the report of the House Armed Services, Veteran Affairs, and Public Safety Committee appeared in the House Journal. Note that the list of co-sponsors and the legislative history may be incomplete.
- Allows a first-time OVI (operating a vehicle while intoxicated) offender to petition the court for unlimited driving privileges with a certified ignition interlock device (IID) during the period of the offender's driver's license suspension.
- Authorizes the court to grant unlimited driving privileges with an IID to a first-time OVI offender under any circumstance in which the court is authorized under current law to grant limited driving privileges, which allow an offender to drive only for specified purposes (e.g., getting to and from work).
- If the court grants the first-time offender unlimited driving privileges with an IID, both of the following apply:
 - The court must suspend any jail term imposed for the OVI offense; and
 - The court may reduce a first-time offender's suspension by up to half.
- If a first-time offender violates any term or condition imposed by the court during the period of suspension, requires the court to order the offender to serve the suspended jail term.

- Requires a first-time offender who is granted unlimited driving privileges with an IID to obtain a restricted driver's license that indicates on its face that the offender is required to use the IID.
- Prohibits a first-time offender who has been granted unlimited driving privileges with an IID from operating a motor vehicle prior to obtaining a restricted driver's license, and applies the penalties for driving under an OVI suspension to a person who violates the prohibition.
- Prohibits an offender who has been granted *limited* driving privileges with an IID from operating a motor vehicle prior to obtaining a restricted driver's license, and applies the penalties for driving under an OVI suspension to a person who violates the prohibition.
- Applies the existing penalties for an IID violation to first-time OVI offenders, underage OVI offenders, and offenders who commit an OVI violation in another state.
- Establishes a compliance-based removal system, whereby any IID violation committed by an offender within the last 60 days of the offender's suspension extends the suspension for 60 days from the violation.
- Modifies the process for appealing an IID violation that results in an increase of the offender's driver's license suspension.
- Requires an IID manufacturer, as part of its application for a license issued by the Department of Public Safety (DPS), to agree to do both of the following:
 - Install and monitor all IIDs produced by that manufacturer; and
 - Charge a reduced fee for an IID, established by DPS, to any person who is deemed to be an indigent offender by the court.
- Requires the Director of Public Safety to establish a certificate of installation, and requires the manufacturer to use the certificate for purposes of certifying proper installation of the device.
- Requires the Director to adopt rules governing procedures for confirming and inspecting the installation of an IID.
- Requires an IID manufacturer to monitor each IID that it installs in an offender's vehicle, rather than requiring a governmental agency, bureau, department, or office, or a private corporation, or other entity to monitor IIDs as under current law.
- Requires a manufacturer to inform the court and the Registrar of Motor Vehicles as soon as practicable after an IID violation occurs.
- Requires DPS to reject a manufacturer's application for licensure if it is not accompanied by the agreement specified above or if the application is a renewal application and the manufacturer failed to monitor or report IID violations.
- Allows DPS to reject a manufacturer's application for licensure if the manufacturer has a history of failing to properly install immobilizing or disabling devices.
- Beginning January 1, 2020, requires IIDs to be equipped with a camera.
- Extends the "lookback" period for OVI and OVI-related offenses from six to ten years.
- Extends the permissive length of time of a required driver's license suspension for a first, second, or third OVI offense.

- Eliminates the requirement that a second-time "standard level" OVI offender who is granted limited driving privileges must display restricted license plates.
- Requires the Director of Public Safety to study the effect of the bill on the number of IIDs installed in Ohio, the number of drunk driving accidents and deaths, and the recidivism rate for OVI offenses, and to issue a report regarding the study not later than 48 months after the effective date of the bill.

Additional Information

- **Sub bill accepted in committee: LSC 131 1253-8** (*offered by Rep. Perales*)
 - Grants the court the ability to impose "any reasonable conditions" other than current restrictions allowed in law when a court grants unlimited driving privileges with an IID to a first-time offender
 - Requires court to suspend any jail term imposed for the OVI offense when granting unlimited driving privileges with an IID to a first-time offender
 - Specifies that the court has jurisdiction over the first-time offender until the expiration of the period of suspension imposed for the OVI offense
 - Requires the court to order the first-time offender to serve the jail term if, during the suspension period, the offender violates any term or condition of the order granting unlimited driving privileges
 - Removes provision stating that rolling retests are not required
 - Requires DPS to establish a certificate of installation, and requires the manufacturer of the immobilizing or disabling device to use the certificate for purposes of certifying proper installation
 - Requires DPS to adopt rules governing procedures for confirming and inspecting the installation of immobilizing or disabling devices
 - Allows DPS to reject a manufacturer's license if the manufacturer has a history of improperly installing immobilizing or disabling devices
 - Removes court OVI record retention requirement and Supreme Court report requirement
 - Changes from the BMV to DPS the entity responsible for compiling an IID report
- **Policy Advisor:** Ryan Lehman, 614-466-6505,
Ryan.Lehman@ohiohouse.gov
Steven Alexander, 614-466-0891,
Steven.Alexander@ohiohouse.gov

H.B. 421 (LATOURETTE)
Pharmacists-give certain drugs by injection

House Co-Sponsors: Representatives Sprague, Koehler, Hambley, Sheehy, Barnes, Bishoff

Bill History

- 5/13/2016 – Health House Committee (6 Hearings), (15-1) (NO- Johnson)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Jeff Neidig (Medi-Wise Pharmacy)• Glorimar Guzman-Ortiz (Genoa)• Tod Grim (The Centers for Family and Children)• Dustin McKee (NAMI Ohio)		

Key Provisions

- Authorizes a pharmacist to administer, in accordance with a physician protocol, a specified drug by injection, if certain conditions are met.
- Requires the pharmacist to obtain permission from the intended recipient or the person authorized to make health care decisions on the recipient's behalf.
- Requires a pharmacist to notify the prescriber each time a drug is administered by injection and to observe the recipient for any adverse reactions.
- Requires the State Board of Pharmacy to adopt rules implementing the bill's provisions.
- Requires the State Medical Board adopt rules for standards and procedures for physicians to follow

Additional Information

- **Policy Advisor:** Kelly Reidenbach, (330) 421-0527, kelly.reidenbach@ohiohouse.gov
- **Substitute Bill Accepted- Key Provisions**
 - Requires drug be prescribed by a physician and that the individual to whom it was prescribed have an ongoing physician-patient relationship

- Authorizes a pharmacist to inject B12
- Requires protocol be established by a physician who has a scope of practice that includes treatment of the condition for which the drug has been prescribed
- When administering an opioid antagonist, requires that the pharmacist obtain test results under certain circumstances
- Requires the State Medical Board adopt rules for standards and procedures for physicians to follow

H.B. 447 (SCHURING, SLESNICK)
Police dog-kill in line of duty-prohibit

House Co-Sponsors: Hambley, Grossman, Huffman, LaTourette, Perales

Bill History

- 2/9/16 – Introduced
- 5/12/16 – Reported by House State Government Committee (2 Hearings), (13-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Eric Stanbro and Ryan Davis (Canton Police Dept.)		

Key Provisions

- Prohibits a person from purposely causing the death of a police dog in the line of duty, by use of force.
- Makes a violation of this section a first degree felony.

Additional Information

- **Policy Advisor:** Marisa Myers, 614-728-5523, Marisa.Myers@ohiohouse.gov

H.B. 438 (PATTERSON)

Ohio Public Education Appreciation Week-week before Thanksgiving week

House Co-Sponsors: Boyd, O'Brien, M., Phillips, Smith, K., Lepore-Hagan, Ramos, Boccieri, Leland, Slaby

Senate Co-Sponsors: N/A

Bill History

- 1/27/2016 - Introduced
- 5/3/2016 – Reported out (19-0) from the House Education Committee (2nd Hearing)

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• None	<ul style="list-style-type: none">• None	<ul style="list-style-type: none">• None

Key Provisions

- Designates the week prior to the week of Thanksgiving Day as "Ohio Public Education Appreciation Week"

Additional Information

- **Policy Advisor:** Nick Derksen, 614.466.2361 (Office); 937.602.2174 (Cell); nick.derksen@ohiohouse.gov

H.B. 449 (ROMANCHUK, AMSTUTZ)

Charles Follis Day-February 3

House Co-Sponsors: Thompson, Bishoff, Ruhl, Sprague, Antonio, Brenner, Sheehy, Reece, Ramos

Bill History

- 2/9/16 – Introduced
- 4/20/16 – Reported by House State Government Committee (2 Hearings), (12-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Jim Stoner (Writer/Director of “The Black Cyclone”)		

Key Provisions

- Designates February 3 as "Charles Follis Day" in honor of the first African American professional football player.

Additional Information

- **Policy Advisor:** Marisa Myers, 614-728-5523, Marisa.Myers@ohiohouse.gov

H.C.R. 28 (GREEN)

To urge the United States Congress to pass and the President to sign into law the Toxic Exposure Research Act of 2015.

House Co-Sponsors: Ramos, Terhar, Young, Smith, K., Schaffer, Perales, Grossman, Blessing, Johnson, T.

Bill History

- 12/8/15 – House Energy & Natural Resources Committee (3 Hearings), (10-0)

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Clifford Riley – Vietnam Veterans of America – Buckeye State Council		

Key Provisions

To urge the United States Congress to pass and the President to sign into law the Toxic Exposure Research Act of 2015.

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE STATE OF OHIO (THE SENATE CONCURRING):

WHEREAS, Millions have served our great nation in the Armed Forces of the United States; and

WHEREAS, During their service many have been exposed to toxins with unknown consequences; and

WHEREAS, Most of these veterans did not know, while in service, that they were being exposed to harmful substances; and

WHEREAS, Many of these veterans suffer from the harmful effects of toxic exposure; and

WHEREAS, Service members that have been exposed to agent orange and its dioxin contaminates have reported a variety of serious health problems and symptoms, including cancers and birth defects in their descendants; and

WHEREAS, Many children and grandchildren of veterans have structural and nonstructural birth defects; and

WHEREAS, The number of Vietnam veterans who have children and grandchildren with birth defects related to exposure to agent orange is significant; and

WHEREAS, The United States Department of Veterans Affairs has accepted that certain of these defects may be their result of the parents exposure to harmful substances during service; and

WHEREAS, Birth anomalies in the children of veterans are not tracked independently of other birth defects, so may go unreported, unexplained, and not researched; and

WHEREAS, State birth defect registries typically do not report to a national birth defect registry; and

WHEREAS, The cause of a miscarriage or of a still birth is seldom known or determined; and

WHEREAS, The United States Department of Veterans Affairs and the Department of Defense, which have kept records of toxic exposures and possible exposures, have not researched possible effects of such exposures on the descendants of veterans; and

WHEREAS, S. 901 and H.B. 1769, currently pending in Congress, and known as the Toxic Exposure Research Act of 2015, would establish in the Department of Veterans Affairs a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces that are related to that exposure, and would establish an advisory board on such health conditions; now therefore be it

RESOLVED, That the members of the 131st General Assembly of the State of Ohio respectfully urge the United States Congress to pass and the President to sign into law the Toxic Exposure Research Act of 2015; and be it further

RESOLVED, That the Clerk of the House of Representatives transmit duly authenticated copies of this resolution to the President and Vice-President of the United States, the Speaker and Clerk of the United States House of Representatives, the President Pro Tempore and the Secretary of the United States Senate, the members of the Ohio Congressional delegation, and the news media of Ohio.

Additional Information:

- **Policy Advisor:** Lisa Griffin, 614-387-1398, lisa.griffin@ohiohouse.gov

SUB H.B. 341 (YOUNG SWEENEY)

Towing law-changes

House Co-Sponsors: Becker, Boose, Hall, Retherford, Terhar, Thompson

Bill History

- 9/28/15 – Introduced
- 5/3/16 – Reported by House State Government Committee (6 Hearings), (12-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Andy Herf (Association of Professional Towing – Ohio)• Sgt. Keith Larson (Cleveland Police Dept.)• Jordan Davis (Towing & Recovery Association of Ohio)• Jim Shriner (TRAO/Broad and James Towing) (As Introduced)• Tim Duffey (TRAO)• James Chilcoat (Automotive Service Association of Ohio)• Jeffrey Junkas (Property Casualty Insurers)	<ul style="list-style-type: none">• Jim Shriner (Broad and James Towing) (Substitute Version)	<ul style="list-style-type: none">• Dean Fadel (Ohio Insurance Institute)

Key Provisions

- Establishes a process by which a repair facility, towing service, or storage facility may obtain a salvage certificate of title for purposes of disposing of the vehicle if the vehicle:
 - Has a value of less than \$1,500;
 - Is apparently inoperable;
 - And is impossible to restore for highway operation.

- Specifies that a repair garage, towing service, or storage facility may obtain the title to a motor vehicle through the unclaimed vehicle affidavit process if the value of the vehicle is less than \$4,400 (rather than \$3,500 as under current law).
- Allows an entity using the unclaimed vehicle affidavit process to deduct towing and storage fees when they remit payment to the clerk of courts for the value of the vehicle in order to obtain title.
- Specifies that a repair garage or storage facility may take title to the vehicle under the unclaimed vehicle affidavit process even if the person who requested the repair or agreed to storage is not the owner of the vehicle.
- Modifies the penalties for towing violations to create “major” and “minor” violations that may be imposed by a court.
- Prohibits a towing service from operating a towing vehicle without a valid certificate of public convenience and necessity.
- Prohibits a towing service from removing a vehicle from a private tow-away zone without a written contract with the owner of the property.
- Prohibits a towing service from knowingly offering or providing compensation in exchange for the authority to tow vehicles.
- Replaces the statutorily prescribed maximum towing and storage fees from private property or a private tow-away zone with maximum fees to be established by the PUCO by rule.
- Requires the PUCO to review the fees every five years and adjust any fee the Commission determines is not just, reasonable, or compensatory.
- Allows a municipal corporation to establish towing and storage fees for removal from private property that differ from the PUCO.
- Specifies that a lienholder is not responsible for storage fees prior to the date they were notified that the vehicle has been towed.
- Authorizes a towing service or storage facility to charge an after-hours retrieval fee.
- Allows a person to use a major credit card to pay a “drop fee,” which is a reduced fee that may be paid for release of a vehicle that has been prepared for removal but not yet removed.
- Modifies the requirement that a towing service must deliver a vehicle towed from private property or a private tow-away zone to a place of storage within two hours by establishing an exception that applies if delivery is not practicable.
- Requires a towing service or storage facility, in certain circumstances, to notify the owner of a towed vehicle that the owner may file a civil action to dispute the lawfulness of a tow.
- Extends the deadline by which a towing service or storage facility must notify the owner of a vehicle that the vehicle has been towed from a private tow-away zone.
- Extends the deadline by which the sheriff or chief of police must notify the owner of a vehicle that the vehicle has been ordered into storage by law enforcement.

- Eliminates the requirement that a storage facility remain open during periods of time that a towing service is towing a vehicle.
- Eliminates the requirement that a storage facility must ensure that, within three hours or receiving a call from the owner of a towed vehicle, a representative of the storage facility is available to release the vehicle.
- Prohibits the owners of a motor vehicle that has been towed from retrieving personal items if it would endanger their safety unless they sign a waiver of liability.
- Modifies the requirement that a towing service must provide a written estimate for towing services under specified circumstances so that the requirement only applies if the estimate is requested.
- Establishes the Towing and Quick Clear Board – consisting of members representing the Department of Transportation or the Ohio Turnpike and Infrastructure Commission, the Department of Public Safety, the Public Utilities Commission, the towing industry, and the motor vehicle insurance industry – to hear and resolve disputes over towing bills.

Additional Information

- **Amendments accepted in committee:**
 - The committee accepted a substitute bill and several amendments. All changes are reflected in the key provisions above.
- **Policy Advisor:** Marisa Myers, 614-728-5523, Marisa.Myers@ohiohouse.gov

Updated May 4, 2016

SUB H.B. 63 (PELANDA/GROSSMAN)

Child placed with attorney-in-fact- notifiers of child abuse or neglect-file complaint if placement unsafe

House Co-Sponsors: Representatives Slaby, Boose, Maag, Becker, Buchy, Leland, Sears, Dever, Hill, Barnes, Fedor, Blessing, Boyd, Sheehy, Driehaus

Bill History

- 5/3/16 – Favorably recommended for passage (7 Hearings), (14-0)
- House Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Judge Schweikert• Mary Wachtel, Public Children Services Association of Ohio		<ul style="list-style-type: none">• Tim Harless, Ohio Grandparent Kinship Coalition (As Introduced)• Denise St. Clair, Family and Youth Law Center (As Introduced)• Chris Combs, Coalition of Care (As Introduced)

Key Provisions

- Expands the crime of endangering children to prohibit a person from doing any of the following to a child: Sell or transfer, or arrange to sell or transfer a child for anything of value; Receive or place a child in the custody of another person, with the intent that the child remain in the person's custody for more than one year; Receive or place a child in the custody of another person, with the intent that the child remain in that person's custody for a reason other than a vacation or school sponsored function or activity or because of a parent's incarceration, military service, medical treatment, or incapacity.
- Defines "receive or place a child in the custody of another person" to mean both of the following: To grant or be granted any of the parents', guardian's, or custodian's rights and responsibilities regarding the care, custody, and control of the child; To have the child reside with the person.
- Provides that the prohibitions to receive or place a child in the custody of another do not apply in the following situations: Voluntary delivery of a child, and that child's subsequent care; the child is related by consanguinity or affinity within the fifth degree to the person receiving the child; Placement in accordance with any court order.
- Provides that a person who violates the new criminal prohibitions is guilty of a fifth degree felony on the first offense and a fourth degree felony on subsequent offenses.
- Requires a mandatory reporter to promptly investigate how long the child has been placed with the person and whether the child has been placed with the person due to a vacation, school sponsored function or activity, or because of a parent's incarceration, military service, medical treatment, or incapacity. If the mandatory reporter determines that the child has been placed for more than one year or that the child has been placed for a reason other than vacation, school sponsored function or activity, or a parent's incarceration, military service, medical treatment, or incapacity, the reporter must promptly report to a PCSA in writing about the request.

Updated May 4, 2016

- Provides that a mandatory reporter is not required to conduct an investigation of a child's placement if either of the following apply: The document purporting to grant parental rights appears to be a valid court order, grandparent power of attorney, or caretaker authorization affidavit; The child has been placed in a situation that makes the criminal prohibition for endangering children because of the receipt or placement of a child in the custody of another person inapplicable.
- Requires the PCSA to determine the extent of the investigation, based on the facts in the mandatory reporter's report, the PCSA's familiarity with the parties involved, and other factors it determines relevant.
- Provides that the investigation may include a criminal records check, a check of court records for any child-related civil proceedings, and, if the PCSA determines that the records check warrants it, a study following standard protocols.
- A PCSA is not required to conduct an investigation if the child has been placed (1) for a designated period of less than one year due to a vacation, school sponsored function or activity, or because of a parent's incarceration, military service, medical treatment, or incapacity or (2) in a situation that makes the criminal prohibition for endangering children because of the receipt or placement of a child in the custody of another person inapplicable.
- Requires ODJFS to include records in the uniform statewide automated child welfare information system (SACWIS) regarding investigations and determinations a PCSA makes under the bill's provisions regarding nonjudicial grants of parental rights.
- Permits ODJFS to create an intake type for unregulated child custody transfers in SACWIS for records of investigations and determinations a PCSA makes regarding nonjudicial grants of parental rights.
- Requires any training that ODJFS may require for a prospective adoptive parent to include instruction on the bill's provisions that (1) expand the crime of endangering children and (2) impose investigation requirements regarding children under nonjudicial grants of parental rights.
- Requires a petition for adoption to include a certification by the petitioner (the adoptive parent) that the petitioner is aware of the bill's provisions (1) expanding the crime of endangering children and (2) imposing investigation requirements regarding children under nonjudicial grants of parental rights.
- Requires ODJFS to adopt rules establishing: Guidelines and procedures for how a PCSA conducts investigations; Criteria for determining if the placement of a child is unsafe.
- Provides that the General Assembly strongly recommends that every board, commission, or agency created under Revised Code Title 47, and that is authorized to grant licensure or certification to persons who may encounter a child subject to this bill's provisions regarding nonjudicial grants of parental rights in the normal course of their work, to adopt rules conditioning receipt or maintenance of that professional license or certificate upon receiving training in the recognition and handling of cases related to children.

Additional Information

- **Amendments accepted in committee:** N/A. One amendment was submitted by Rep. Howse by not offered. AM 2124 would exempt a friend or neighbor from penalties or investigations.
- **Policy Advisor:** Christopher Albanese, (614) 466-2174, chris.albanese@ohiohouse.gov

H.B. 37 REPS. DUFFEY AND STINZIANO

To allow a person to possess beer or intoxicating liquor on the premises of a market if the beer or intoxicating liquor has been purchased from a D liquor permit holder that is located in the market.

House Co-Sponsors: Rep. Blessing

Bill History

- 4/28/2015– *House Government Accountability and Oversight Committee* (Five Hearings), (14-0)
- 5/27/2015 – House Floor Vote (Pending)

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Ben Walters – North Market Spices, Ltd.• Collin Castore – The Barrel and Bottle• Rick Wolfe – The North Markey Development Authority		

Key Provisions

- Allows a person to possess beer or intoxicating liquor on the premises of a publicly owned market without violating the Open Container Law if the beer or intoxicating liquor was purchased from the holder of a D liquor permit (generally allows sales of beer or intoxicating liquor for on-premises consumption) located in the market.

Senate Amendments

- The Ohio Senate included an amendment that repeals a percentage limitation (12%) on beer products in this state. The amendment requires beer that contains more than 12% alcohol by volume (ABV) to be labeled as “high alcohol beer” and specifies that for purposes of the revised code, regardless of ABV is not an intoxicating liquor.

Additional Information

- **Policy Advisor:** Dustin Russell, 466.2179, dustin.russell@ohiohouse.gov

Updated October 24, 2018

H.C.R. 33 (SCHERER)

To express support for the nomination of the Hopewell Ceremonial Earthworks as a United Nations Educational, Scientific, and Cultural Organization (UNESCO) World Heritage Site

House Co-Sponsors: Blessing, Grossman, Hambley, Hayes, McClain, Ramos, Ryan, Young, Hill, Burkley, Patterson, Boose, Buchy, Cera, O'Brien, S., Phillips, Schaffer

Bill History

- 5/3/16 – House Agriculture & Rural Development Committee (2 Hearings), (19-0)

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Brad Lepper – Ohio History Connection		

Key Provisions

To express support for the nomination of the Hopewell Ceremonial Earthworks as a United Nations Educational, Scientific, and Cultural Organization (UNESCO) World Heritage Site.

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE STATE OF OHIO (THE SENATE CONCURRING):

WHEREAS, The Hopewell Ceremonial Earthworks, located in Warren County, Ross County, and Licking County, were the epicenter of a vibrant American Indian culture that lived in Ohio approximately 2,000 years ago; and

WHEREAS, These sites were ceremonial and social centers, characterized by enormous earthwork constructions that feature precise geometric shapes, standard units of measure, accurate alignments to the rising and setting of the sun and moon, and deposits of artifacts of exceptional artistic merit crafted from exotic raw materials obtained from as far away as the coast of the Atlantic Ocean and the Rocky Mountains; and

WHEREAS, Together, the Hopewell Ceremonial Earthworks are the best preserved examples of monumental earthworks constructed by the indigenous people and cultures in the Ohio Valley, which are distinct from other mound-building cultures in Eastern North America; and

WHEREAS, The Hopewell Ceremonial Earthworks have helped shape the public understanding of American Indian cultural developments and heritage in North America; and

WHEREAS, The Hopewell Ceremonial Earthworks are recognized nationally and internationally as a masterpiece of human creative genius and an exceptional testimony to past American Indian cultural traditions and knowledge; and

WHEREAS, The Hopewell Ceremonial sites at the Newark Earthworks and Fort Ancient, which are owned and managed by the Ohio History Connection, are currently listed as National Historic Landmarks; and

WHEREAS, The Hopewell Ceremonial sites of Hopeton, High Bank, Seip, Mound City, and Hopewell Mound Group are owned and managed by the National Park Service and are currently listed as National Historic Landmarks; and

WHEREAS, World Heritage Site designation of this collection of sites by UNESCO will attract significant domestic and international tourism to the Hopewell Ceremonial Earthworks and to the region, resulting in millions of dollars in increased spending and investment; and

WHEREAS, The 126th Ohio General Assembly designated the Newark Earthworks as Ohio's official prehistoric monument; and

WHEREAS, The Eastern Shawnee Tribe of Oklahoma, the Pokagon Band of Potawatomi, the National Congress of American Indians, and other Tribal Nations have expressed their support for the nomination of the Hopewell Ceremonial Earthworks as a UNESCO World Heritage Site; and

WHEREAS, The Hopewell Ceremonial Earthworks would be the first and only World Heritage Site located in Ohio; now therefore be it

RESOLVED, That we, the members of the 131st General Assembly of the State of Ohio, recognize the Hopewell Ceremonial Earthworks as having universal cultural significance and express support for the nomination of the Hopewell Ceremonial Earthworks as a UNESCO World Heritage Site; and be it further

RESOLVED, That the Clerk of the House of Representatives transmit duly authenticated copies of this resolution to the Director of the United States Department of the Interior, each member of the Ohio Congressional delegation, and the news media of Ohio.

Additional Information

- **Policy Advisor:** Lisa Griffin, 614-387-1398, lisa.griffin@ohiohouse.gov

H.C.R. 29 (HILL)

To oppose the United States Environmental Protection Agency's Clean Power Plan

House Co-Sponsors: Hood, Rezabek, Hambley, Brenner, Romanchuk, Roegner, Becker, Maag, Thompson, Reineke, Vitale, Buchy, Schaffer, Young, Burkley, McColley, Koehler, Cera, Ginter

Bill History

- 1/26/16 – House Energy & Natural Resources Committee (2 Hearings), (11-2).

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Christian Palich – Ohio Coal Association• Chris Ventura – Consumer Energy Alliance	<ul style="list-style-type: none">• Jack Shaner – Ohio Environmental Council	

Key Provisions

To oppose the United States Environmental Protection Agency's Clean Power Plan.

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE STATE OF OHIO (THE SENATE CONCURRING):

WHEREAS, The availability of reliable, abundant, and low-cost electricity is essential for the health of Ohio's economy and the welfare of its people. The Ohio General Assembly is responsible for ensuring that Ohio's energy policy reflects the proper balance for the citizens of Ohio, the environment, and future generations; and

WHEREAS, On August 3, 2015, the Administrator of the United States Environmental Protection Agency (USEPA) adopted a final rule it calls the Clean Power Plan. The Plan compels Ohio to dramatically reduce the use of coal to meet federal limits on the rate of carbon dioxide emissions from electricity generation; and

WHEREAS, Ohio's existing coal power plant fleet is a vital economic resource representing billions of dollars in public and private investments over the past century, including substantial recent investments to upgrade the coal fleet and install expensive pollution controls as required by previous rules adopted by the USEPA. The existing coal power plant fleet ensures the availability of reliable, abundant, and low-cost

electricity critical to Ohio's economy and especially the continued revival of the manufacturing industry in Ohio; and

WHEREAS, In light of the central importance of reliable, abundant, and low-cost electricity for Ohio's economy, Ohio's energy policy pursues a balanced "all fuels" approach that relies on coal, natural gas, and hydroelectric fuels, including energy efficient sources such as renewable energies. The USEPA's Clean Power Plan irreconcilably conflicts with Ohio's energy policy as determined and enacted by the Ohio General Assembly and usurps the authority of the General Assembly to establish Ohio's energy policy going forward; and

WHEREAS, The USEPA lacks the legal authority to establish Ohio's energy policy under federal law and the United States Constitution, including the Tenth Amendment, which reserves powers to the states; now therefore be it

RESOLVED, That we, the members of the 131st General Assembly of the State of Ohio, oppose the United States Environmental Protection Agency's Clean Power Plan; and be it further

RESOLVED, That the Clerk of the House of Representatives transmit duly authenticated copies of this resolution to the President of the United States, the Administrator of the United States Environmental Protection Agency, the Speaker and Clerk of the United States House of Representatives, the President Pro Tempore and Secretary of the United States Senate, each member of the Ohio Congressional delegation, and the news media of Ohio.

Additional Information:

- **Policy Advisor:** Lisa Griffin, 614-387-1398, lisa.griffin@ohiohouse.gov

Updated May 17, 2016

S.B. 213 JORDAN/TAVARES
To make changes to the Cosmetology Licensing Law

House Co-Sponsors: Brown, Green

Senate Co-Sponsors: Beagle, Brown, Eklund, Uecker, Yuko, Coley, Burke, Faber, Hite, Hughes, Jones, Obhof, Peterson

Bill History

- 9/23/2015 – Introduced
- 1/26/2016 – **REPORTED** Government Oversight and Reform (3 hearings; 11-0)
- 2/10/2016 – **PASSED BY SENATE** (32-0)
- 2/16/2016 – Referred to House Government Accountability and Oversight
- 5/03/2016 – **BILL AMENDED**
- 5/10/2016 – **REPORTED** Government Accountability and Oversight (4 hearings; 12-0)
- 5/18/2016 – *House Floor Vote Pending*

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Tony Fiore, Ohio Salon Association		

Key Provisions

- Establishes “boutique services” as a separate branch of cosmetology and requires each individual wishing to practice that branch to register with the State Board of Cosmetology
- Prohibits an individual from practicing a branch of cosmetology in a location other than a licensed facility unless the individual is exempt from the Cosmetology Law.
- Prohibits an individual from using cosmetology to treat or attempt to cure a physical or mental disease or ailment.
- Creates additional penalties for an individual who uses or possesses a prohibited substance at a school of cosmetology or salon.
- Requires an applicant for a salon operator’s license to affirm that the applicant will post a toll-free number and online process for customers to report violations of the Cosmetology Law and to ensure compliance with the bill’s apprenticeship requirement.
- Eliminates “managing” cosmetology licenses and eliminates the requirement that every salon have a managing cosmetologist present to supervise at the salon when the salon is open for business.
- Creates “advanced” cosmetology licenses, which are largely similar to the eliminated managing cosmetology licenses.
- Modifies application and licensing procedures for licenses issued by the Board.
- Increases various fees charged by the Board.
- Permits the Board to develop and administer its own examinations or to contract with a national testing service to develop or administer the examinations.

Updated May 17, 2016

- Makes the following grounds for licensee discipline: a conviction of or plea of guilty to a human trafficking violation, failure to cooperate with an investigation or inspection, or failure to respond to a subpoena.
- In certain circumstances, allows the Board to take disciplinary action against a licensee without conducting an adjudication hearing.
- Modifies the fines that may be issued for violations of the Cosmetology Law.
- Requires continuing education for licensees to include training on identifying and addressing human trafficking, safety and sanitation, and law and rule updates.
- Allows the Board to investigate and inspect individuals and premises of a person who is alleged to have violated the Cosmetology Law, regardless of whether that person is licensed by the Board.
- Requires the Board to issue a pre-examination work permit to an individual seeking an instructor license.
- Requires the Board to provide a toll-free number and online service to receive complaints of violations of the Cosmetology Law.
- Expands the Board's hiring authority by allowing the Board to hire other individuals necessary for the administration of the Cosmetology Law.
- Adds two individuals to the Board's membership
- Requires the Board to issue a rule with respect to the timing of licensure examination for students who have not yet completed education.
- Expands the list of activities covered under the practice of esthetics to include enhancement of the skin by skin care, facials, body treatments, hair removal and other treatments; and eye lash extension services.
- Clarifies the list of activities covered by the practice of manicuring
- Makes other changes to the Cosmetology Law

Additional Information

- **Amendments accepted in committee: AM 2136x1** (Green) Removed the \$10 Boutique Services registration fee; Clarifies shampooing service to be done under the supervision of a licensee of this chapter; Clarifies that an applicant for an instructor license must pass the exam; Removes language regarding taking examinations before completion of education coursework; Revert to current law for advanced license training hours; Creates a pre-examination work permit for instructors and provides that after fifteen years from the creation of examination questions used in the testing process is considered a public record
- **Policy Advisor:** Dustin Russell, Majority Deputy Policy Director, 614-466-2179, dustin.russell@ohiohouse.gov name, phone, email
- **House Companion Bill:** H.B. 227 (Roegner/Reece) Received 5 hearings; reported unanimous to mirror S.B. 213 language
- **Other info:** Greg Lawson, Buckeye Institute provided interested party testimony on H.B. 227 that reflects changes made in S.B. 213

From: Blessing, Heather
Sent: Tuesday, May 17, 2016 7:50 PM
To: Kasych, Shawn; Sarko, Alyssa; McCready, Graham
CC: Myers, Marisa
Subject:
Attachments: Bill Briefing (HB 130 - Hagan, Duffey).pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Please use this version of the HB 130 Bill Briefing for tomorrow's folders. This is also in the Finance Committee folder on the ComInfo drive. The LSC bullet points are from the bill analysis as passed by House Finance Committee.

Updated May 13, 2016

SUB. H.B. 130 (HAGAN, DUFFEY)
Public information-accessibility/public office uniform accounting

House Co-Sponsors: Amstutz, Henne, Perales, Ruhl, Maag, Blessing, Retherford, Bishoff, Brown, Brenner, Hackett, Leland, Burkley, McClain, Reineke, Romanchuk, Scherer, Thompson
Senate Co-Sponsors: n/a

Bill History

- 3/24/15 – Introduced
- 6/17/15 – Reported (12-0) by House State Government Committee (5 Hearings)
- 4/20/16 – Reported (30-0) by House Finance Committee (3 hearings)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Dennis Hetzel (Ohio Newspaper Association)• Janet DaPrato (Kempton Run Homeowners Association)• Brian Kelley (Portage County)• Mary Helen Petrus (Federal Reserve Bank of Cleveland)• Barb Benton (Ohio Society of CPAs)• Jack Shaner (Ohio Environmental Council)• Shawn Busken (Auditor of State's Office)• Josh Brown (Ohio Municipal League)• The Sunlight Foundation• Gene Krebs (private citizen)	<ul style="list-style-type: none">• <i>No witnesses testified</i>	<ul style="list-style-type: none">• Jung Kim (Columbus Regional Data Site Task Force)• Nancy Reger (Mid-Ohio Regional Planning Commission)• Lindsey Gardiner (Greater Ohio Policy Center)• Greg Lawson (Buckeye Institute)• David Landsbergen (OSU – John Glenn College of Public Affairs)• Beth Sebian (OpenNEO)

Key Provisions (from LSC Bill Analysis, As Reported by House Finance Committee)

- DataOhio Board
 - Creates the DataOhio Board, which is required to make recommendations to the General Assembly regarding online access to public records and data sets of public records, and to recommend other standards for data.
 - Requires the DataOhio Board to deliver a report of its findings and recommendations to the General Assembly not later than March 31 each year.
- Online public record access
 - Requires, under the Public Records Act, a public office that posts public records on its website or a state website to make its best efforts to post the records in an open format.
 - Specifies that a public office is not required to post public records to a website.
 - Requires a public office that posts public records online to state in its public records policy which public records the public office posts online, and to submit this statement to the DataOhio Board.
- Website of public records

Updated May 13, 2016

- Establishes a website, data.Ohio.gov, that is to function as an online catalog of the public records and public records data sets of public offices; the website is to be established, administered, and operated by the Auditor of State, in consultation with the State Librarian.
- Uniform accounting procedures and charts of accounts
 - Requires the Auditor of State, by rule, to establish uniform accounting procedures and charts of accounts for use by all public offices; their use is not required.
 - Awards public offices that use these accounting procedures and charts of accounts with a "DataOhio Transparency Award – Uniformity of Accounting."
 - Appropriates operating expenses of \$350,000 in FY 2017 to the Auditor of State to be used to develop a uniform chart of accounts, establish uniform accounting procedures, and adopt rules for their implementation by all public offices.
- Local Government Information Exchange Grant Program
 - Creates the Local Government Information Exchange Grant Program to enable a county, township, municipal corporation, or public library, or a regional planning commission, metropolitan planning organization, or regional council of governments applying on their behalf, to post on the Internet data that meets the Program's requirements.
 - Requires the State Librarian to administer, and to adopt rules for, the Program, including grant eligibility criteria and specifications for consistent formatting.
 - Requires the State Librarian to disburse a \$10,000 grant to each applicant that meets the grant eligibility criteria, but specifies that the total amount of grants awarded cannot exceed the amount that can be funded with appropriations made by the General Assembly for the Program.
 - States that the Program does not prohibit a grantee who received a grant from pooling the grant with other grants received under the Program by other grantees.

Additional Information

- **Amendments accepted in House State Government Committee:**
 - AM0759 (Grossman): allows grantees to pool funds to complete projects under the bill.
 - AM0713 (Grossman): clarifies the permissive nature of the bill, gives additional representation for local governments on the DataOhio Board, and removes the requirement that the Auditor submit recommendations regarding uniform charts of accounts to the General Assembly after four years.
 - AM0592 (Kunze): clean up amendment to address drafting issues that came up when the four DataOhio bills were merged into one last General Assembly.
- **State Fiscal Highlights:** The bill creates the Local Government Information Exchange Grants Program and appropriates \$12.5 million in FY 2016 and FY 2017, including \$250,000 for the State Librarian to administer the program. The bill appropriates \$350,000 in FY 2017 for the Auditor of State to develop uniform charts of accounts, establish uniform accounting procedures, and adopt implementation rules for all public offices in the state of Ohio.
- **Local Fiscal Highlights:** Counties, townships, municipal corporations, and other local government entities (public libraries, regional planning commissions, metropolitan planning organizations, and regional councils of governments) are eligible for up to \$12.25 million in FY 2016 and FY 2017 to develop open electronic data records and make them available to the public.
- **Policy Advisor:**
 - **State Government Committee:** Marisa Myers, 614-728-5523, Marisa.Myers@ohiohouse.gov
 - **Finance Committee:** Heather Blessing, 614-466-9194, heather.blessing@ohiohouse.gov
- **Other info:** HB 130 is the reintroduction of HB 324 from last General Assembly. HB 324 passed the House late in the GA 92-0.

From: Russell, Dustin

Sent: Tuesday, May 24, 2016 5:56 PM

To: Sarko, Alyssa

Subject: SB 296 SB 321 Bill Briefs

Attachments: Bill Brief_SB 296 Extended Polling Hours.docx; Bill Brief_SB 321.docx

Follow Up Flag: Follow up

Flag Status: Flagged

Attached.

Two more coming.

Dustin Russell

Ohio House of Representatives

Majority Deputy Policy Director

466-2179



Think Green!

Please do not print this e-mail unless absolutely necessary.

S.B. 296 SEITZ

To specify the conditions under which a court may order that a polling place be kept open for extended hours on the day of an election and to require a person who votes pursuant to such an order to cast a provisional ballot.

Senate Co-Sponsors: Coley, Jones, Hite, Burke, Bacon, Jordan, Uecker, Patton, Eklund, Hackett

Bill History

- 03/14/2016 – Introduced
- 04/12/2016 – Referred to Senate Civil Justice
- 05/11/2016 – **REPORTED OUT AS AMENDED** (8-3, Party Line; 4 Hearings)
- 05/11/2016 – **PASSED BY SENATE** (23-9)
- 05/17/2016 – Referred to House Government Accountability and Oversight Committee
- 05/24/2016 – **REPORTED OUT SUBSTITUTE BILL** (9-3, Party Line, 3 Hearings)
- 05/25/2016 – *House floor vote pending*

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"> • Jon Husted, Secretary of State (<i>Written</i>) • Tim Ward, Director, Madison County Board of Elections • Sherry Poland, Director, Hamilton County Board of Elections 	<ul style="list-style-type: none"> • Carrie Davis, Executive Director, League of Women Voters • Gary Daniels, Chief Lobbyist, ACLU of Ohio 	

Key Provisions

- Requires a person who files an election-related court action to file the action in the Ohio Supreme Court or in the appropriate court of appeals if the action is filed during the 50 days before Election Day and the action is one over which the Supreme Court and the courts of appeals have original jurisdiction.
- Allows a person who seeks a court order that a polling place be kept open for extended hours on Election Day to file a petition in the county court of common pleas.
- Requires the petitioner to post a cash bond in an amount determined by the court, considering the cost of keeping the requested polling places open for the

requested period of time, based on a board of elections estimate that includes the cost of compensating precinct election officials at a specified overtime rate.

- Requires the court to waive the bond requirement if the petitioner is indigent, but specifies that the court may extend polling hours only for the petitioner personally to vote if no bond has been posted.
- Specifies that if the court extends the polling hours but the decision is later overturned, the court may order that the bond be forfeited to the board of elections and that the petitioner pay the board any additional amount necessary to cover the cost of keeping the polls open during that time.
- Requires the petitioner to serve notice of the petition on the Secretary of State and the Attorney General, and requires the court to allow those officers or their designees to be heard in the case.
- Allows the court to order that the polls be kept open only if the petitioner has proved by clear and convincing evidence that no prospect of a fair election exists in the absence of the order, if certain evidentiary requirements are met, and if the procedures described above have been followed.
- Provides that an order to keep the polls open is subject to immediate appeal to a special Election Day panel of the court of appeals.
- Requires a person who votes after the close of the polls because of a court order to cast a provisional ballot, and specifies the procedure for processing that ballot.

Additional Information

- **Amendments accepted in committee:**
 - **AM 2375** (McColley) Clarifies that the bond does not need to be posted until the court determines the amount and must be posted for the injunction to become effective.
- **Policy Advisor:** Dustin Russell, Majority Deputy Policy Director, 466-2179 dustin.russell@ohiohouse.gov

S.B. 321 FABER

To create a procedure within the Court of Claims to hear complaints alleging a denial of access to public records and to modify the circumstances under which a person who files a mandamus action seeking the release of public records may be awarded court costs and attorney's fees.

Senate Co-Sponsors: Burke, Eklund, Jordan, LaRose, Peterson, Seitz, Obhof, Skindell, Bacon, Balderson, Beagle, Brown, Coley, Gardner, Hackett, Hite, Hottinger, Hughes, Jones, Lehner, Manning, Oelslager, Patton, Sawyer, Schiavoni, Thomas, Uecker, Yuko

Bill History

- 05/02/2016 – Introduced
- 05/04/2016 – Referred to Senate Government Oversight and Reform Committee
- 05/11/2016 – **REPORTED OUT SUBSTITUTE BILL** (12-0; 2 Hearings)
- 05/17/2016 – Referred to House Government Accountability and Oversight Committee
- 05/24/2016 – **REPORTED OUT SUBSTITUTE BILL** (11-0; 3 Hearings)
- 05/25/2016 – *House floor vote pending*

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Mike DeWine, Attorney General (<i>Senate, Written Only</i>)• Dennis Hetzel, Ohio Newspaper Association		<ul style="list-style-type: none">• Greg Lawson, Buckeye Institute (<i>Senate, Written Only</i>)• Gary Daniels, ACLU of Ohio

Key Provisions

- Creates a procedure within the Court of Claims to hear complaints alleging a denial of access to public records.
- Requires a court to award court costs to a person who files a mandamus action to obtain a judgment that orders the public office or person responsible for the records to comply with the Public Records Law if the public office or person responsible acted in bad faith.
- Permits the awarding of attorney's fees in a mandamus action if the court determines that the public office or person responsible acted in bad faith.
- Specifies the circumstances when a court is prohibited from awarding attorney's fees.

- Establishes that an infrastructure record of a private entity may be exempt from release or disclosure under Public Records Law.

{OVER}

Additional Information

- **Amendments accepted in committee:**
 - **AM 2455x2 (McColley)** Protects private, nonprofit institutions of higher education from any claims, including breach of confidentiality claims that arise from disclosing information in response to a public records request; Allow a public office, if it provides public records on a fully accessible and searchable website at all times and charges no fee to use the site, to limit, if it chooses, the number of records requested by a person that the office will deliver in a digital format, unless the records are not provided on the web site and unless the person certifies to the office that the person does not intend to use or forward the records for commercial purposes; Clarifies that no discovery may be conducted as the issue of bad faith when a public office provides a public record to a requester after the commencement of a mandamus action, when the court is contemplating awarding attorney's fees; Clarifies that there is no presumption of bad faith; Clarifies that a plaintiff may voluntarily dismiss an action in the court of claims; Clarifies that mediation may be done by telephone, teleconference, or other electronic means; Uniformly changes the schedule for all proceedings from "days" to "business days"; Clarifies that no discovery may be conducted on the issue of a public office undertaking an appeal from the court of claims decision for no reasonable cause or to unduly harass the requester; Clarifies there is no presumption in this area as well; Expands the definition of what an infrastructure record is by adding "state agency"; The \$25 registration fee is redirected to the County General Fund; Restores the ability of the court at its discretion to award fees if there is a court order to produce records and all other existing requirements of 149.43 are met.
- **Policy Advisors:**
 - Dustin Russell, Majority Deputy Policy Advisor
 - Mike Lenzo Majority Chief Legal Counsel

From: Lundregan, Scott

Sent: Tuesday, May 24, 2016 6:24 PM

To: Sarko, Alyssa; Kasych, Shawn

Subject: 4 out of 5 BB's

Attachments: H.B. 451 (REP. BOOSE) Life-support-forfeit priority-protection order, separation proceedings.pdf; S.B. 97 (SEN. HUGHES, LAROSE) Violent Career Criminals.pdf; H.B. 392 (REP. SYKES, KUHNS) Domestic violence protections-against intimate partners.pdf; H.B. 347 (REP. MCCOLLEY, BRINKMAN) Modify Asset Forfeiture.pdf

Still working on HB 521

Scott Lundregan

Majority Deputy Legal Counsel

House Republican Caucus

Ohio House of Representatives

614-466-1460

H.B. 451 (REP. BOOSE)

Life-support-forfeit priority-protection order, separation proceedings

House Co-Sponsors: Rep. Dorothy Pelanda, Rep. Cheryl L. Grossman, Rep. Nan A. Baker, Rep. John Becker, Rep. Paul Zeltwanger, Rep. John M. Rogers, Rep. Jim Butler, Rep. Nathan H. Manning, Rep. Nicholas J. Celebrezze, Rep. Stephen D. Hambley, Rep. Emilia Strong Sykes

Bill History

- 5/10/2016 -- House Judiciary Committee Report (13-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Beverly Vera	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•

Key Provisions

- Provides that an individual is not competent under the individual's statutory priority to make a decision whether or not to consent to the withholding or withdrawal of life-sustaining treatment for a patient if either of the following applies:
 - The individual is married to the patient and they are parties to a pending divorce, dissolution, legal separation, or annulment proceeding;
 - The individual is subject to a protection order issued by a court in Ohio or another state and the patient is the alleged victim.
- Provides that a member of a class of individuals is not competent under the statutory class priority to make a decision described above if the member is subject to a protection order issued by a court in Ohio or another state and the patient is the alleged victim.
- Specifies that in each of the preceding dot points, the next priority individual or class of individuals or other members of the class of individuals are authorized to make the appropriate decision.
- Provides that an individual who is not competent to make a decision whether or not to consent to the withholding or withdrawal of life-sustaining treatment cannot make an objection to a consent given by a priority individual or class of individuals.
- Excludes an individual who is not competent to make a decision whether or not to consent to the withholding or withdrawal of life-sustaining treatment from doing either of the following:
- Testifying and presenting evidence at a hearing relative to the use or continuation of nutrition and hydration for the patient;

- Filing an action in the probate court as a priority individual or member of a priority class of individuals for the issuance of an order mandating the use or continuation of comfort care for the patient.

Additional Information

- **Policy Advisor:** Scott Lundregan, 466-1460, Scott.Lundregan@OhioHouse.gov

Updated May 24, 2016

S.B. 97 (SEN. HUGHES, LAROSE)
Violent Career Criminals

Co-Sponsors: Sen. John Eklund, Sen. Tom Patton, Sen. Kevin Bacon, Sen. Troy Balderson, Sen. Dave Burke, Sen. Bill Coley, Sen. Keith Faber, Sen. Randy Gardner, Sen. Lou Gentile, Sen. Cliff Hite, Sen. Jay Hottinger, Sen. Larry Obhof, Sen. Bob Peterson, Sen. Cecil Thomas, Sen. Joe Uecker

Bill History

- 4/29/2016 — Senate Floor Vote (30-3)
- 5/17/2016 – House Judiciary Committee Report (10-3 (Antani, Dever No)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• The Ohio Attorney General• FOP (Not as strong after the amendment accepted in House Judiciary Committee)	<ul style="list-style-type: none">•	<ul style="list-style-type: none">• Ohio Association of Criminal Defense Attorneys• The Ohio Public Defender• Ohio DRC

Key Provisions

- Increases by 50% the mandatory prison term required for a firearm specification, when an offender who has been convicted of a felony and the specification previously has been convicted of a firearm specification.
- In a provision regarding commitment to the Department of Youth Services of a child who is adjudicated a delinquent child and is an accomplice regarding a specified type of specification, corrects the reference to the types of specifications to which the provision applies.
- Defines "violent career criminals" and prohibits them from knowingly using any firearm or dangerous ordnance.
- Requires a mandatory prison term of two, three, four, five, six, seven, eight, nine, ten, or eleven years for a "violent career criminal" convicted of committing a violent felony offense while armed with a firearm.
- Specifies that the existing firearm disability relief mechanism does not apply to a person who:
 - (1) Has been convicted of a violation of the offense of unlawful use of a weapon by a violent career criminal; or
 - (2) Two or more times, has been convicted of a felony and either a firearm specification or the violent career criminal/firearm specification.

Updated May 24, 2016

- Specifies that a previous delinquent child or juvenile traffic offender adjudication is not a "conviction" for purposes of determining under the bill's provisions whether the person:
 - (1) Is a "violent career criminal";
 - (2) Has committed the offense of unlawful use of a weapon by a violent career criminal or should be sentenced for that offense; or
 - (3) Should be sentenced as a violent career criminal who had a firearm and displayed, brandished, or indicated that the person possessed the firearm, or used the firearm to facilitate the offense while committing a violent felony offense.
- Provides certain prisoners credit for time spent in custody before delivery to prison in determining eligibility to apply for judicial release.
- Specifies that no presentence investigation report is required for shock probation to be granted to an offender convicted of an offense committed before July 1, 1996.
- Modifies the offense of aggravated murder to prohibit a person from purposely causing the death of another as part of a course of conduct involving the purposeful killing of or attempt to kill two or more persons. **(NOTE THIS MAY CHANGE OR BE REMOVED WITH A FLOOR AMENDMENT)**

Additional Information

- **Policy Advisor:** Scott Lundregan, 466-1460, Scott.Lundregan@OhioHouse.gov

H.B. 392 (REP. SYKES, KUHNS)
Domestic violence protections-against intimate partners

House Co-Sponsors: Rep. Heather Bishoff, Rep. Jim Butler, Rep. Kathleen Clyde, Rep. Anthony DeVitis, Rep. Denise Driehaus, Rep. Teresa Fedor, Rep. Stephanie D. Howse, Rep. Kent Smith, Rep. Michele Lepore-Hagan, Rep. Dan Ramos, Rep. Alicia Reece, Rep. Michael Sheehy, Rep. Michael Stinziano

Bill History

- 5/24/2016 – House Judiciary Committee Report (13-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Dr. Penny Smith, Executive Director of Family and Community Medicine at Northeast Ohio Medical University• Jane Ragozine, Women's House Nurse Practitioner• Victim Assistance Program	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•

Key Provisions

- Authorizes the appropriate division of a court of common pleas to issue a civil domestic violence protection order for an intimate partner of a person who commits domestic violence.
- Establishes procedures governing petitions for intimate partner protection orders, hearings, the issuance of ex parte orders and final orders and approval of consent agreements, and the modification and termination of orders and agreements.
- Requires every law enforcement agency to maintain an index of intimate partner protection orders and consent agreements provided by the courts, to enforce all intimate partner protection orders and consent agreements, and to provide intimate partners involved in domestic disputes with information about the relief available under the bill.
- Authorizes the registration of intimate partner protection orders and consent agreements in counties other than the county in which the order was issued or the agreement was approved.

- Requires the Attorney General to include in the crime victims' bill of rights pamphlet notice of the right of an intimate partner who is a victim of domestic violence to a protection order.
- Provides intimate partners who are victims of domestic violence with access to domestic violence shelters.

Additional Information

- **Policy Advisor:** Scott Lundregan, 466-1460, Scott.Lundregan@OhioHouse.gov
- **Substitute Bill Accepted in Committee:**

Updated May 24, 2016

H.B. 347 (REP. MCCOLLEY, BRINKMAN)
Modify Asset Forfeiture

House Co-Sponsors: Rep. Niraj J. Antani, Rep. John Becker, Rep. Andrew Brenner, Rep. Jonathan Dever, Rep. Mike Duffey, Rep. Stephen D. Hambley, Rep. Michael Henne, Rep. Ron Hood, Rep. Sarah LaTourette, Rep. Wes Retherford, Rep. Kristina Roegner, Rep. Kirk Schuring, Rep. Louis Terhar, Rep. Andy Thompson, Rep. A. Nino Vitale, Rep. Ron Young, Rep. Paul Zeltwanger

Bill History

- 5/24/2016 -- House Judiciary Committee Report (13-0)
- House Floor Vote Pending

Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none">• Buckeye Institute• Ohio Judicial Conference• US Justice Action Network• Freedom Works• Fix Forfeiture Now• Institute for Justice• Americans for Tax Reform• Faith and Freedom Coalition• Center for American Progress• Right on Crime	<ul style="list-style-type: none">• The Ohio Prosecuting Attorneys Association	<ul style="list-style-type: none">• The Ohio Department of Public Safety• Buckeye Sheriffs

Key Provisions

- Modifies the civil forfeiture process by permitting a civil forfeiture action to be filed only under specified circumstances not sooner than specified periods of time after the seizure of the property.
- Specifies that a civil forfeiture complaint may only be filed if the property was seized with probable cause of its involvement in the commission of a felony or gambling offense or was directly or indirectly obtained through the commission of a felony or gambling offense and either of the following applies:

- The property owner is unavailable due to being deceased, or having been indicted and being out of state and unable to be extradited for prosecution or unable to be located despite reasonable efforts to locate the owner.
- The property owner has not claimed, or asserted any interest in, the property at any time during or after seizure and all claims of aggrieved parties have been denied.
- Permits a prosecutor to file a civil forfeiture action with or after the filing of a complaint charging an offense or delinquent act, and provides that that action is stayed during the pendency of the criminal or delinquency proceedings and proceeds after the defendant is convicted or the juvenile is adjudicated delinquent.
- Changes the burden of proof required for the prosecutor in a civil forfeiture action to establish that property is subject to forfeiture from a preponderance of the evidence to clear and convincing evidence.
- Eliminates the current provision permitting a civil forfeiture action to be commenced regardless of whether the offender or delinquent child has pleaded guilty to, been convicted of, or been adjudicated delinquent for the act that is the basis of the forfeiture order.

Seized property

- Modifies the timeline for hearing a motion by a person aggrieved by an alleged unlawful seizure of property showing the person's interest in the property.
- At the above hearing, places on the state or political subdivision the burden of proof by a preponderance of the evidence that the seizure was lawful if the property is titled or registered, and places on the person the same burden of proof that the seizure was unlawful if the property was not titled or registered.
- Modifies the timeline for filing and for deciding a petition by a person with an interest in seized property for its conditional release.

Criminal forfeiture

- Repeals the provision that allows the court, for good cause shown, to consider issues of guilt of the alleged offender or the delinquency of the alleged delinquent child separate from whether property should be forfeited.
- Changes the burden of proof required for the state or political subdivision to establish that property is subject to forfeiture from a preponderance of the evidence to clear and convincing evidence.
- Expands the contents of a petition by a third party claimant asserting a legal interest in the property.
- Changes the burden of proof required for a prosecutor to prove that a lienholder asserting a legal interest in the property does not possess such interest from a preponderance of the evidence to clear and convincing evidence.
- Places on the state or political subdivision the burden of proof by clear and convincing evidence that the amount or value of the instrumentality ordered forfeited is proportionate to the severity of the offense.
- Expands the factors the court is required to consider in determining the severity of the offense.

- Requires the state or political subdivision to demonstrate by clear and convincing evidence specified conditions for the court to order forfeiture of any other property of the offender or delinquent child if the property ordered forfeited is unreachable.

Definition of "proceeds"

- Excludes from the definition of "proceeds" property, including money, if it is held under clear title by a law enforcement agency, it is or may be used to purchase contraband in investigating a drug abuse offense, and it continues to be the agency's property if the agency establishes a clear chain of custody to it.

Disposal of forfeited property

- Requires the written internal control policy of a law enforcement agency with custody of forfeited property to include an itemized list of the specific expenditures from the sale proceeds of the property.
- Expands the existing purposes for the use of an agency's appropriate forfeiture fund and specifies those purposes instead of "for other law enforcement purposes" under current law.
- Provides that, of the remaining amounts from the sale of forfeited property or from forfeited proceeds, 10% must be applied to community addiction services providers and 90% to the prosecutor's law enforcement trust fund and specified funds supporting the agency that substantially conducted the investigation.

Federal forfeiture

- Prohibits the transferring or referral of property seized by a law enforcement agency or prosecuting authority to any federal law enforcement authority or agency for federal forfeiture purposes unless the value of the property exceeds \$100,000, excluding the potential value of the sale of contraband, or the transfer or referral is for federal criminal forfeiture proceedings.

Offense of receiving proceeds of a drug abuse, theft, or trafficking in persons offense

- Establishes the offense of receiving proceeds of a drug abuse, theft, or trafficking in persons offense by prohibiting any person from receiving, retaining, possessing, or disposing of proceeds knowing or having reasonable cause to believe the proceeds were derived from the commission of any of those offenses.
- Provides that a person is considered to have received, retained, possessed, or disposed of proceeds if they were found in a vehicle that the person was the last person to operate immediately prior to the vehicle's search.

Civil action against person alleged to have committed offense of receiving proceeds of a drug abuse, theft, or trafficking in persons offense

Updated May 24, 2016

- Permits the state to file a civil action against a person alleged to have received, retained, possessed, or disposed of proceeds, in an amount exceeding \$25,000, knowing or having reasonable cause to believe that the proceeds were allegedly derived from the commission of a drug abuse, theft, or trafficking in persons offense.
- Specifies the contents of a complaint in the above civil action, the elements that the state has the burden to prove by clear and convincing evidence, and the period of limitations for bringing the civil action.
- Provides that the civil action is stayed if a criminal complaint is filed against the person alleged to have received, retained, possessed, or disposed of proceeds exceeding \$25,000, knowing or having reasonable cause to believe that the proceeds were derived from the commission of a drug abuse, theft, or trafficking in persons offense.

Goods in execution claimed by a third party

- Modifies existing law by requiring the judge of the court of common pleas, municipal court, or county court, whichever has jurisdiction, to schedule a hearing to determine a claimant's right to the goods in execution as soon as practicable after receipt of the notice and schedule of the property.
- Repeals the existing provisions requiring the summoning of jurors to try and determine the rights of the claimant to the property in controversy in a jury trial and to make appropriate findings.
- Provides that the judge must render judgment based on the judge's findings at the hearing.

Additional Information

- **Policy Advisor:** Scott Lundregan, 466-1460, Scott.Lundregan@OhioHouse.gov
- **Substitute Bill Accepted in Committee:**
 - Allow for civil forfeiture if property was seized with probable cause that it was involved in the commission of a felony or in a gambling offense as defined in O.R.C. section 2915.01 and one of the following applies-
 - The property owner is deceased
 - A warrant was issued for the arrest of the property owner and the suspect cannot be located
 - The property owner has not claimed the property subject to forfeiture
 - Allow for civil forfeiture post-conviction, meaning the prosecutor can file for a civil forfeiture prior to a charge or conviction, but they may not proceed with the civil action until after a conviction has been obtained
 - Specifies what forfeiture funds may be used to pay for
 - Creates language clarifying that money belonging to law enforcement that is used to buy drugs is not considered proceeds for purposes of the bill, and may be immediately returned to law enforcement so long as a clear chain of custody and clear title is demonstrated
 - Creates a new criminal penalty that prohibits a person from receiving, retaining, possessing, or disposing of proceeds knowing or having reasonable cause to

Updated May 24, 2016

believe that the proceeds were derived from the commission of a drug abuse offense, a theft offense, or the offense of trafficking in persons. This will give law enforcement another tool to combat the drug epidemic.

- **Amendment Accepted in Committee:**
 - In addition to these changes, an amendment was offered and accepted in committee that allows a civil action against a person who is alleged to have received proceeds in excess of \$25,000 and had reasonable cause to believe that those proceeds derived from the commission of a drug abuse, human trafficking, or theft offense. The amendment also revises the amount at which seized property may be transferred to the federal government for forfeiture and participation in the equitable sharing program, changing the amount from \$50,000 to \$100,000. These changes came from the concerns of some members on the committee.
 -

From: Lundregan, Scott
Sent: Tuesday, May 24, 2016 6:33 PM
To: Sarko, Alyssa; Kasych, Shawn
Subject: RE: 4 out of 5 BB's
Attachments: H.B. 521 (REP. MANNING) Juvenile Parole Modifications.pdf

HB 521

From: Lundregan, Scott
Sent: Tuesday, May 24, 2016 6:24 PM
To: Sarko, Alyssa ; Kasych, Shawn
Subject: 4 out of 5 BB's

Still working on HB 521

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